

THE ROLE OF SEXUAL CAPITAL IN SEXUAL  
DECISION-MAKING VIA VIRTUAL SPACES FOR  
MEN WHO HAVE SEX WITH MEN IN RURAL  
OKLAHOMA

By

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**Abstract: Introduction.** Oklahoma is one of the seven states identified in the Ending the Epidemic Plan as having a disproportionate rural HIV burden. Men who have sex with men (MSM) are severely affected by this burden in the state. Given the conservative climate of rural areas, previous work has shown that MSM in these areas turn to geospatial networking applications to meet potential sexual partners. However, this application use has been shown to contribute to sexual risk-taking due to power dynamics based on perceived attractiveness as described in sexual fields theory (Green, 2014). Yet, this theory has not been contextualized in a rural environment. Therefore, this exploratory study aimed to elucidate the role of sexual capital in sexual decision-making among MSM in rural Oklahoma to inform intervention design. **Methods.** A total of 13 digital, semi-structured interviews were conducted between August 2020 and January 2021. Convenience and snowball sampling methods were utilized. Interviews were audio-recorded and transcribed verbatim. Then, guided by grounded theory principles, a codebook was created inductively, and the transcripts were subsequently coded by a team using constant comparison to ensure reliability. **Results.** Two broad forms of sexual capital emerged: personal and relational characteristics. Personal characteristics consisted of a profile picture, age, profile bio, physical attractiveness, distance, profile novelty, and personal hygiene. Relational characteristics included conversational ability and perceived connection. Participants described how these forms of sexual capital influenced with whom and how they interacted on these applications, including sexual health conversations and, ultimately, condom use negotiation. Both risk factors, such as low self-worth, and resiliency factors, like valuing health, emerged to link sexual capital to sexual decision-making. **Discussion.** This study extended sexual fields theory into a rural environment and demonstrated the influence of sexual capital on sexual decision-making for this population. Implications for public health practitioners include deliberately selecting specific applications, incorporating resiliency factors, and fostering community building for HIV risk-reduction interventions. Future studies should continue to replicate and extend these findings with more robust sample sizes and diverse methodologies such as phenomenology.

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## CHAPTER I

### INTRODUCTION

#### **Statement of the Problem**

Sexually transmitted infection (STI) and human immunodeficiency virus (HIV) rates continue to climb in Oklahoma (Centers for Disease Control and Prevention [CDC], 2019, 2020a; Oklahoma State Department of Health [OSDH], 2017, 2018a, 2018b). Moreover, the state is experiencing a substantial HIV burden in rural communities (Pitasi et al., 2019). Men who have sex with men (MSM) are being particularly affected by this disease burden (OSDH, 2017) due to stigma, lack of access to culturally appropriate healthcare, and social conservatism among other factors (Hubach et al., 2019). Consequently, it is critical to understand the process of sexual decision-making and risk-taking among these MSM to prevent and reduce the spread of HIV and STIs while promoting sexual wellbeing. Previous research has shown that interactions via MSM tailored sexual networking applications influence sexual decision-making for urban MSM (Beymer et al., 2014; Landovitz et al., 2013; Lehmler & Loerger, 2014), yet these interactions are understudied in rural populations. As such, more research is needed to understand the process of sexual decision-making via MSM tailored sexual networking

applications among MSM in rural Oklahoma to prevent HIV and STI acquisition and promote health services and interventions.

### **Significance of the Problem**

The rise of STI rates in the United States has contributed to a substantial disease and economic burden, with medical costs associated with STIs totaling billions of dollars annually (Owusu-Edusei et al., 2013). Alarming, the state of Oklahoma is in the top quarter of states with the highest chlamydia, gonorrhea, and syphilis rates (CDC, 2019). Further, Oklahoma is one of the seven states the Centers for Disease Control and Prevention (CDC) has designated as having a rural burden of HIV (CDC, 2020b). Therefore, reducing HIV incidence in rural Oklahoma is crucial in the CDC's plan to end the HIV epidemic in America (CDC, 2020b). In Oklahoma, the incidence of STIs and HIV is higher among MSM, with nearly 62% of new HIV diagnoses in 2017 involving MSM (OSDH, 2017). As such, better understanding mechanisms leading to HIV risk behaviors among this population could glean information critical to reducing the rural HIV burden in Oklahoma and improving public health overall.

### **Theoretical Basis**

This study draws on tenets from sexual fields theory (Green, 2014). The theory posits that spaces where individuals seek to engage in romantic relationships (i.e., sexual fields) are inherently unequal due to their hierarchical structure based on tiers of desirability. Tiers of desirability arise because of a dominant currency of sexual capital that grants particular individuals status within the field. The dominant currency can vary depending on the sexual field. For example, a man dressed in a suit who is well-groomed will have more sexual capital in a martini bar than a leather bar (Green, 2008a). Men are aware of the dominant currency and either comport themselves in accordance or select specific physical sites, such as bars or clubs, to maximize their sexual capital; additionally, men are continually assessing their own sexual capital, the sexual capital of others, and the norms of the specific field they are navigating.

Further, privilege may influence an individual's ability to access a dominant currency of sexual capital and limit their ability to increase their sexual capital in specific situations.

Green (2008a) demonstrated the effect sexual capital could have on MSM health outcomes in an urban setting. Men with lower sexual capital experienced avoidance of others, stigmatization, and rejection due to their low status. These experiences diminished an individual's self-esteem, sense of social support, and sense of agency, making condom use negotiation more difficult, subsequently leading to poorer sexual health outcomes. Therefore, sexual fields theory and the concept of sexual capital can increase understanding of how MSM experience adverse sexual health outcomes in rural Oklahoma, an understudied theoretical context.

### **Purpose and Research Questions**

The purpose of the current study is to better understand the mechanisms of sexual decision-making predicated on online interactions among MSM residing in rural Oklahoma. Accordingly, the current study seeks to address the following research questions using semi-structured interviews and an informed, multi-grounded theory analytical approach (Charmaz, 2014; Goldkul & Cronholm, 2010; Thornberg, 2012):

**R1:** What currencies of sexual capital exist within MSM tailored sexual networking applications in rural Oklahoma?

**R2:** How do those currencies of sexual capital within MSM tailored sexual networking applications affect sexual decision-making and risk-taking for MSM in rural Oklahoma?

### **Operational Definitions**

The following terms are defined in this section to promote ease of reading for the remainder of the study.

#### ***Men Who Have Sex with Men (MSM)***

Many models of sexuality recognize the variability of sexual behavior and the potential discordance between dimensions of sexuality, including behavior, identity, and orientation (Kinsey et al., 1948; Klien, 1978; Storms, 1980; van Anders, 2015). Indeed, empirical studies

have documented the discordance between sexual behavior and sexual identity among men (e.g., Pathela et al., 2006; Ward, 2015). However, there is debate within the public health community of whether to use identity or behavior categories to study health outcomes among sexual minority men (Young & Meyer, 2005). While studies only using behavior categories might overlook the complexities and nuances of sexual identity in relation to their health outcome of interest, behavioral categories allow researchers to narrow down a population to those most at risk of HIV acquisition, such as those that engage in unprotected anal intercourse (Koblin et al., 2006), and therefore more inclusive and expansive of people who may endure sexual health struggles regardless of sexual identity. Moreover, men in rural Oklahoma who engage in sex with other men might not identify as gay or bisexual due to local stigma and homophobia (Hubach et al., 2019; Silva, 2018), making behavioral categories more useful in assessing HIV risk in this population than identity categories. Therefore, for the purposes of this study, men who have sex with men (MSM) refers to a behavioral category encapsulating any man who has sex with other men, regardless of sexual orientation or identity (Boellstorff, 2011).

### ***Rurality***

When considering the issue of health disparities among MSM living in rural areas, it is essential first to establish a definition of rurality. The concept of rurality is nebulous. Colloquially, rurality is understood in relation to urban settings based on individual perceptions, low population density, prominence of farmland, and remoteness of a locale (Bell, 2000). However, consistency in operationalizing rurality has been lacking. One prevalent method previously utilized when studying rural MSM is using a dichotomous definition of rurality and urbanicity based on Census data, the federal Office of Management and Budget county designations, or personal perceptions of rurality. For example, Bowen et al. (2004) defined rural as residing in a town of less than 75,000 and having to drive more than an hour to an urban area. Additionally, McKenney et al. (2018) used the U.S. Census Bureau's data and definition of rurality, a population density of fewer than 1,000 people per square mile. Still, some scholars

simply identified urban centers in their state and classified all others as rural (Pelster et al., 2015), while others relied on respondents' self-reports based on their perception of their current area of residence (e.g., Lee & Quam, 2013).

While some researchers choose to dichotomize rurality, others use continuous scales to determine the degree of rurality in a county. This continuous scale is called the Index of Relative Rurality (IRR, Waldorf & Kim, 2018), with scores ranging from 0 (extremely urban) to 1 (extremely rural). This scale considers population size, population density, remoteness, and built-up area when computing a score for a county. Studies of MSM in rural Oklahoma have used an IRR score greater than or equal to 0.40 as a criterion for a designation of residing in a rural area (Currin et al., 2018; Currin & Hubach, 2017; Giano & Hubach, 2019; Giano, Hubach, et al., 2019; Giano, Kavanaugh, et al., 2019; Hubach et al., 2019; Hubach et al., 2020). Therefore, for this study's purposes, rural areas will be defined as counties assigned an IRR score greater than or equal to 0.40 based on the 2010 data released by Waldorf and Kim (2018).

### ***Sexual Capital***

Within the sexual fields framework, Green (2008b) builds on Bourdieu's theory of cultural capital (Swartz, 1997) by expanding the definition to include sexual goods in the urban MSM community that confer status within a field. The desire for these sexual goods varies by sexual field, creating tiers of desirability, which lead to hierarchical structures within fields. Therefore, for this study, sexual capital will refer to a property of both an individual and the space they occupy that refers to their position in the hierarchy of sexual desirability (Green, 2008b, 2014).

### ***Currency of Sexual Capital***

Based on his study of urban MSM, Green (2008b) identifies manifestations of sexual capital within sexual fields, including fashion, race, musculature, masculinity, and grooming, among others. Therefore, for the purposes of this study, currency of sexual capital will refer to

characteristics that can influence sexual desirability, such as affect, physical appearance, intelligence, mannerisms, and dress. (Green, 2008b, 2014).

### **Delimitations of Research**

There are several delimitations for this study. The first is a geographic focus on rural Oklahoma, which is warranted given the state's current rural HIV burden (CDC, 2020b; Pitasi et al., 2019). Further, the study will focus only on MSM as they comprise the largest share of new HIV cases in Oklahoma (OSDH, 2017). Another delimitation is the focus on MSM who use MSM tailored sexual networking apps within the past twelve months due to the increased sexual risk-taking associated with app use (Landovitz et al., 2013) and a timeframe that minimizes potential recall bias (Mark et al., 2017). Additionally, this study only included MSM who reported being 18 or older, limiting the derived theories' applicability to adult MSM. Given the research questions' nature, this study utilizes semi-structured interviews and an informed, multi-grounded theory approach, yielding rich narratives and context but limits generalizability. Finally, this study relied on either phone or video interviews for ease, limiting who might be able to participate.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### **Public Health Significance**

Within the United States, cases of STIs have continued to rise in recent years. The most common STI in the United States is chlamydia, with over 1.75 million cases reported in 2018; an increase over the nearly 1.71 million cases reported in 2017 and the 1.59 million cases reported in 2016 (CDC, 2019). The second most common STI in the United States is gonorrhea, with 583,405 cases reported in 2018, an increase over the 555,608 cases reported in 2017 and the 468,514 cases reported in 2016 (CDC, 2019). Finally, syphilis is the third most common STI in the United States, with 35,063 cases of primary and secondary (P&S) syphilis reported in 2018, resulting from a gradual increase of cases from an all-time low of 16,049 cases in 2005 (CDC, 2019).

One population with a high STI burden is men who have sex with men (MSM). MSM experience a greater incidence of other notifiable STIs, such as primary and secondary stage (P&S) syphilis and gonorrhea, than men who have sex with women (CDC, 2019). Regarding P&S syphilis, MSM accounted for 64.3% of the overall cases and 77.6% of the cases among men (CDC, 2019). As for gonorrhea, MSM are more likely to have antimicrobial-resistant strains of *Neisseria gonorrhoeae* than men who



have sex with women (MSW), which complicates treatment among MSM (CDC, 2019). Additionally, overall STI burden varies among MSM based on race, with racial minorities having a higher STI burden, geographic location, with those in the South having a higher STI burden, and HIV status, and with those being HIV- positive having higher rates of comorbid STIs compared to HIV-negative MSM (CDC, 2019).

MSM also experience a high HIV burden. While rates of HIV have decreased, and the annual number of new diagnoses has stabilized, men comprised 81% of new diagnoses of HIV infection among adults and adolescents 70% of new infections were transmitted through male-to-male sexual contact (CDC, 2020a). Other demographic segments of the population also experience an increased HIV burden. When considering age, persons aged 25-29 years had the highest rate of HIV diagnosis at 32.45 per 100,000 persons, followed by individuals aged 20-24 years with a rate of 27.6 per 100,000 individuals in 2017 (CDC, 2020a). Racial and ethnic minorities still experience higher rates of HIV than White individuals, especially Black individuals, with noteworthy increases of HIV infections in individuals identifying as American Indians/Alaska Natives and Native Hawaiians/other Pacific Islanders from 2013-2017 (CDC, 2020a). When reviewing rates by geographical region, the South has the highest rate at 15.7 per 100,000 compared to 10.0 per 100,000 in the Northeast, 9.3 per 100,000 in the West, and 7.2 per 100,000 in the Midwest (CDC, 2020a).

One primary driver of sexual health disparities among these demographics is the social determinants of health. Broadly, social determinants of health include economic stability, neighborhood and physical environment, education, food security, community and social context, and the health care system (Artiga & Hinton, 2018). Unequal

distribution of power and resources within these domains contributes to health inequalities by providing undue stress and reducing opportunities for optimal health (Artiga & Hinton, 2018; Marmot et al., 2008). Of particular importance for this study are the social determinants of economic stability, community and social context, and the healthcare system. Specifically, it can be assumed, the quantity of financial resources, experiences of discrimination and stigma, lack of social support, poor quality of healthcare, and lack of culturally appropriate healthcare contribute to sexual health disparities by influencing sexual decision-making and reducing access to quality sexual healthcare.

Sexual minority individuals, a broad term encompassing lesbian and gay individuals, experience unique challenges related to the social determinants of health not shared by their heterosexual peers (Downing & Rosenthal, 2020). Meyer and Frost (2013) have derived a theory of minority stress that highlights the link between social stressors based on someone's sexual minority status, including discrimination, internalized homophobia, and victimization, with overall health. Minority stress contributes to sexual risk-taking and poor general well-being of sexual minority individuals. While most often minority stressors are positioned as external to the minority community, Pachankis et al. (2020) demonstrated that perceived expectations from within the sexual minority community concerning attractiveness, wealth, and masculinity could contribute to minority stress, affecting health outcomes. Additionally, it is clear geographic location influences sexual health outcomes through minority stressors related to sexual minority stigma in rural healthcare settings (e.g., Whitehead et al., 2016).

Accordingly, sexual health outcomes for MSM are influenced by geographic location as the HIV epidemic has shifted from urban spheres to more rural locales where MSM are geographically isolated, and health care resources are limited (Li et al., 2015; Pitasi et al., 2019; Rosenberger et al., 2014; Schafer et al., 2017). Unique social, structural, and environmental factors within a rural context such as homophobia, stigma, and lack of culturally competent healthcare providers combine to place MSM at increased risk of HIV and STI acquisition. These factors can act syndemically, where multiple epidemics and risk factors interact and overlap one another (Singer, 2000, 2006; Singer et al., 2017). Within rural communities, syndemic conditions include substance abuse, stigma, the threat of harm, and minority stress can increase sexual risk behavior and exacerbate the rural HIV epidemic (Giano, Kavanaugh, et al., 2019; Horvath et al., 2006; Hubach et al., 2015; Hubach et al., 2019; Parsons et al., 2017). The 2011 – 2014 HIV outbreak in Indiana serves as a prime example of how syndemic conditions overlap within a rural context, where HIV prevention resources are limited and repressed by a socially conservative environment (Conrad et al., 2015; Preston et al., 2002; Rich & Adashi, 2015; Rosser & Horvath, 2008; Strathdee & Beyrer, 2015).

Oklahoma is one of the seven states currently experiencing its own rural HIV epidemic (Pitasi et al., 2019). In Oklahoma, 10% or more of new diagnoses in 2016 and 2017 were in rural areas (less than 50,000 population), and there were at least 75 new diagnoses statewide. Additionally, the state did not have a priority county defined by the CDC (Pitasi et al., 2019). Further, of the 302 new HIV cases in Oklahoma in 2017, 61.9% are attributable to male-to-male sexual contact (OSDH, 2017). In addition to having a substantial HIV burden, Oklahoma also has a significant STI burden as well.

Oklahoma has the 19<sup>th</sup> highest rate of chlamydia in the United States at 559.0 per 100,000 individuals, the 10<sup>th</sup> highest rate of gonorrhea at 228.9 per 100,000, and the 9<sup>th</sup> highest of P&S syphilis at 13.5 per 100,000 (CDC, 2019).

Like other rural regions across the country, there are unique structural, social, and environmental factors in the rural social milieu contributing to the high HIV and STI burden among MSM in Oklahoma. MSM in rural Oklahoma experience a stigmatizing social environment, a lack of sexual minority affirming policies, hostile cultural norms, lack of access to culturally appropriate health care, which impedes enhancing sexual health (Hubach et al., 2019). These men report higher levels of internalized homophobia and lower community connectedness than urban MSM, primarily due to geographic isolation from other MSM (Currin et al., 2020).

These factors subsequently contribute to sexual risk-taking. Rural MSM in Oklahoma report not using condoms out of a fear of physical or verbal abuse, hesitation seeking medical assistance because of confidentiality issues, and lack of education and resources (Giano, Kavanaugh, et al., 2019). These factors and subsequent lack of condom use exacerbate the HIV and STI epidemics as correct and consistent condom use is a highly effective mechanism to prevent HIV and STI acquisition (Holmes et al., 2004; Johnson et al., 2018; Koblin et al., 2006; Smith et al., 2015). Further, social conservatism, stigmatization, and geographic isolation drive MSM in rural areas to seek partners online or through apps, which leads to more risky sexual behaviors among rural MSM compared to MSM who meet through physical sites (Horvath et al., 2006).

Therefore, it is essential to identify mechanisms of sexual decision-making when meeting a partner online in rural Oklahoma to stem both the HIV and STI epidemics

affecting rural Oklahoman MSM. Doing so would provide public health practitioners with a theory-based approach to reduce the overall HIV and STI burden of MSM in rural Oklahoma. One such mechanism is Green's (2014) Sexual Fields Theory as its constructs have been shown to influence sexual decision-making among MSM in urban enclaves (Green, 2008a). However, it is important to contextualize this theory in a rural setting to use its constructs effectively in culturally responsive ways to reduce the HIV and STI burden among MSM in rural Oklahoma.

### **Theoretical Orientation**

While other theories attempt to explain sexual desirability in social spaces, they are limited compared to sexual fields theory. One such prominent theory is the erotic marketplace (Thompson, 2018; Viveros Vigoya, 2015). This theory posits that social status markers such as race, gender, and class grant individuals certain amounts of erotic capital to exchange in the erotic marketplace for sexual interactions. However, this theory is limited as it treats individuals in the erotic marketplace as nonautonomous actors subject to market forces. Further, the erotic market relies solely on a currency of capital's economic utility to determine desirability. Sexual fields theory is preferable as it treats actors with autonomy within the field and acknowledges the role of social forces in determining desirability (Green, 2008b). Therefore, sexual fields theory was chosen to be contextualized in a rural and virtual environment for this study.

Sexual fields theory seeks to explain collective sexual life beyond dyads and individual desire by examining participants and sexual sites such as bars, dating sites, and institutions where intimate relationships are formed (Green, 2014). Sexual fields theory has three guiding concepts: the sexual field, structures of desire, and sexual capital. First,

the sexual field arises in a space, physical or virtual, where individuals seek to engage in romantic relationships. Within these fields, there can be horizontal differentiation and vertical differentiation. Horizontal differentiation refers to a non-hierarchical distinction between sexual actors. For example, in a heterosexual venue, men and women would be horizontally differentiated. Conversely, vertical differentiation refers to a hierarchical distinction between sexual actors based on perceived attractiveness in line with a field's dominant structure of desire.

Green (2014) describes the structure of desire as the hierarchy of attractiveness in a given field based on the collectivization of erotic habitus within that field. Erotic habitus is an individual's tastes and sexual preferences that can function at both the conscious and unconscious levels. As individuals with a similar erotic habitus congregate in a particular field, their habitus becomes collectivized and dictates the structure of desire within a given field. For example, if MSM interested in leather gather within a specific gay bar, the structure of desire will be centered around their collective erotic habitus, meaning burliness, leather clothing, masculinity, and gruffness will dominate the structure of desire. This outcome of a collective erotic habitus can be achieved through three processes. First, the popularity tournament allows those that are popular to become more attractive, and those that are less popular become less attractive. Second, sexual socialization enables individuals to be exposed to and become attracted to specific sexual acts or body types. Third, the process of aggregation, amplification, and intensification can occur where differing sexual attitudes and preferences between two groups merge when the two groups are brought together in a single field. For example, following Stonewall, the newer generation of gay men was less restricted by heterosexual ideals,

whereas the older generation of gay men still adhered to heterosexist ideals of masculinity; consequently, as both groups occupied portions of New York City, a hybrid structure of desirability arose.

### ***Sexual Capital***

According to Green (2014), sexual capital refers to an individual's place in the sexual hierarchy in a given sexual field. Sexual capital is a property of both the field and the individual simultaneously. For example, a fit man in a trim suit would have high sexual capital in a swanky, gay bar and relatively low sexual capital in a leather bar. As seen in this example, sexual capital is a property of the field (swanky bar vs. leather bar) and the individual (body style and clothing). Furthermore, sexual capital is unevenly distributed within a field, creating tiers of desirability in a given field. Individuals assess their level of capital and others around them to decide whom to approach or message. Forms of sexual capital may vary depending on the field and individuals within the field. These forms of sexual capital are referred to as currencies of sexual capital. Conceptually, these currencies are forms of self-presentation that can influence sexual desirability, such as affect, physical appearance, intelligence, mannerisms, and dress.

Through extensive fieldwork and interviews in a large, gay urban enclave, Green (2008a) identified dominant currencies of sexual capital in the gay village. The structures of desire in this population seemed to favor White, middle-class men in their twenties to thirties that are masculine-presenting. These findings suggest that race, age, class, and gender presentation are dominant currencies in this population, with those deemed less desirable based on these currencies experiencing stress, leading to poor health outcomes. These findings align with the stress process model (Pearlin, 1999) that Green (2008a)

drew on heavily in his work. Nevertheless, it is important to note, “sexual status is not reducible to ethno-racial, class, and age characteristics” (Green, 2008a, p. 448), suggesting different dominant currencies could potentially arise in diverse fields. Therefore, it is consequential to study this phenomenon in virtual spaces occupied by MSM in rural Oklahoma to determine the currencies of sexual capital and their effect on health outcomes in a culturally relevant manner.

### **Currencies of Sexual Capital in Virtual Spaces**

Meeting men in virtual spaces is prevalent among MSM (Badal et al., 2018). These virtual spaces are often geospatial, social-sexual networking apps such as Grindr, Scruff, or Jack’d; however, other virtual spaces include websites such as Adam4Adam, OkCupid, and Manhunt, among others (Badal et al., 2018). Mirroring these broader trends, work by White Hughto et al. (2017) notes that these virtual spaces for meeting sexual partners provide MSM residing in rural communities a way to overcome sexual minority stigma within their communities that might make it challenging to meet other men. While this specific study was conducted in rural areas of the Northeastern United States, there is evidence that men residing in rural Oklahoma face similar, if not more considerable obstacles and may turn to apps or websites to overcome them (Hubach et al., 2019). Further, MSM in rural areas may also use these apps to forge community connections and friendships due to a lack of safe physical spaces to connect with other MSM (Hubach et al., 2014; Li et al., 2015).

These virtual spaces, including apps, have tiers of desirability like what Green (2014) described. Accordingly, they have dominant currencies of sexual capital. It is important to note that cyberspace is not uniform, and the users someone interacts with are directly linked to their physical location, which can influence these dominant currencies



(Paul et al., 2010). Nonetheless, some broad currencies in virtual spaces have emerged from the literature referring to both individual and profile characteristics.

### *Personal Characteristics*

One common currency of sexual capital in virtual spaces based on individual characteristics is gender presentation. Miller and Behm-Morawitz (2016) noted that masculinity on apps as represented by femmephobic language (e.g., “I am NOT into men that sound, look, or act like females. I am a man, and you should be too.”) was a salient currency of sexual capital in virtual spaces via an online survey completed by a nationally representative sample. The sample was shown fake profiles and asked whether they would message them or hookup with them. Men looking for sex were more likely to message or hookup with those using femmephobic language in their profile. Additionally, Ward (2016) found that masculinity was a potent currency of sexual capital for straight White men seeking other men to masturbate with via online personal ads.

A second common individual currency of sexual capital in virtual spaces is race and ethnicity. Paul et al. (2010) found that race and ethnicity were vital factors in making or breaking online interactions for MSM of color in Los Angeles. MSM of color were often stereotyped, fetishized, or experienced blatant racism. However, if MSM of color fit a racial trope White MSM desire, their sexual capital drastically increased. Further, Daroya (2017) explores the influence of racism on forms of erotic capital on Grindr. Specifically, Daroya (2017) delves into the inherent desirability of Whiteness and its associations with masculinity, dominance, and virility over Asian men and their association with passivity, femininity, and emasculation. Additionally, Robinson (2015) describes the emergence of personal preference as a justification for racialized filtering in

virtual spaces for MSM and constitutes a new form of racism in the digital age. This discourse suggests racialized currencies of sexual capital in virtual spaces extend beyond racial appearance to include tropes and stereotypes associated with racialized groups.

A third common individual currency of sexual capital in virtual spaces is body type. A thin, muscular appearance dominates the structure of desirability on Grindr in many instances (Filice et al., 2019; Tran et al., 2020). Often MSM in these virtual spaces are judged against this ideal to determine their desirability (Filice et al., 2019). However, not all virtual spaces have a negative view of MSM that deviate from this ideal. In his work, Whitesel (2014) explores how overweight MSM create their own social spheres that extend into virtual spaces where body types differing from the ideal, as mentioned above, are desired. Therefore, body type is a dominant currency in virtual spaces; however, the structure of desirability can vary between virtual spaces.

### ***Profile Characteristics***

Currencies of sexual capital in virtual spaces can extend beyond individual characteristics and encapsulate characteristics of a user's profile termed profile characteristics. Fitzpatrick and Birnholtz (2018) found the ability to host (i.e., the ability to provide a physical space for sex) and discretion to be common currencies.

Additionally, Blackwell et al. (2015) identified novelty in the area, type of profile picture, and goal concordance (i.e., both desiring sex or friendship) as common currencies in virtual spaces. Given these findings, it is crucial to consider relational characteristics in conjunction with individual characteristics when conceptualizing currencies of sexual capital in virtual spaces.

### ***Cultural Differences and Influences in Rural Locales***

Despite the acknowledgment of the need to explore sexual capital in virtual spaces in new locales by Paul et al. (2010), there is a dearth of research examining this phenomenon among MSM residing in rural areas. Work by Lauckner et al. (2019) provides one of the only glimpses into rural MSM's experiences on online dating applications. In this study, participants discussed instances of deception, bullying based on appearance or race, and sexual coercion as commonplace on these dating apps. De La Cruz (2017) offers another glimpse into rural MSM's experiences on applications in the rural American Southwest along the border with Mexico. In his dissertation, De La Cruz finds rural MSM use these applications to find a connection with other gay men that is lacking due to geographic isolation and face potential violence and STI/HIV exposure through encounters based on these apps. Further, there are unique cultural characteristics such as social conservatism, homophobia, traditional masculine ideals, and geographic isolation in rural locales that could shape structures of desire and, subsequently, dominant currencies of sexual capital in virtual spaces (Hubach et al., 2019). These findings suggest that sexual capital hierarchies exist within these apps in rural communities and warrant investigation based on their distinctive dynamics and potential for shaping sexual health inequalities.

### **Unprotected Anal Intercourse and Sexual Capital**

When considering the health outcome of STI or HIV acquisition, unprotected anal intercourse (UAI) is a substantial risk factor among MSM (Koblin et al., 2006). Conversely, correct and consistent condom use during anal intercourse among MSM has shown excellent efficacy in preventing STI and HIV transmission (Johnson et al., 2018). Prominent predictors of UAI among MSM include sexual compulsivity (Danko et al.,

2016), PrEP use (Newcomb et al., 2018), the race of a partner (Eaton et al., 2010), and self-efficacy (Safren et al., 2018), among other factors. Moreover, Green (2008a) demonstrated the relationship between sexual capital and UAI.

Work by Green (2008a) highlights the effects of low sexual capital on condom use. Participants noted that men with increased sexual capital were typically in control of the sexual encounter and deferred decisions regarding condom use to them, diminishing their autonomy. Further, fear of rejection prevented some participants from broaching the subject of condom use. Moreover, participants, recognizing their low sexual capital, either increased alcohol consumption as a coping mechanism, which complicates condom use negotiation, or expanded their definitions of acceptable sexual risk to have an encounter with a man with higher sexual capital. Participants even mentioned foregoing previous commitments concerning condom use when their higher status partner wished to have unprotected sex. Across these scenarios, it becomes clear that low sexual capital and the subsequent poor self-evaluations can lead to UAI among MSM in a gay urban enclave.

There is evidence to suggest sexual capital influences UAI in rural communities as well. Giano, Kavanaugh, et al. (2019) studied predictors of condom use among MSM residing in rural Oklahoma. Participants attributed condom nonuse to physical discomfort, relationship trust, substance use, knowledge of partners' status, as well as fear of physical or verbal abuse. Some of these factors mirror those described by participants in Green's study relating to power dynamics and self-efficacy regarding condom negotiation. Further, Hubach et al. (2015) and Li et al. (2015) demonstrate that negative self-evaluations contribute to feelings of loneliness and subsequent decreased

condom use in rural MSM. These findings suggest rural MSM can experience a similar pathway of diminished self-evaluations potentially leading to reduced condom use.

Thus far, the discussion has focused on predictors of UAI, including sexual capital, in solely physical spaces. Concerningly, dating app usage among MSM has been related to decreased condom use during anal intercourse among urban MSM (Badal et al., 2018; Landovitz et al., 2013). Tran et al. (2020) demonstrate the potency of concepts of sexual capital in virtual spaces influencing condom use. Participants in the study describe a hierarchy of sexual capital based on body type and condom nonuse in differential sexual capital situations. It is reasonable to assume other forms of sexual capital in virtual spaces outlined in the previous section could lead to negative self-evaluations and UAI.

There is a dearth of research regarding sexual capital's influence on condom use among rural MSM in virtual spaces. Work by Lauckner et al. (2019) provides a glimpse into app-based interactions among rural MSM. In this study, participants discuss deception, discrimination, racism, harassment, and sexual coercion, which contribute to poor mental health outcomes. These findings suggest it is possible MSM residing in rural areas that use dating apps do not use condoms due to diminished self-evaluations based on personal characteristics and associated sexual status, arising from fear of physical or verbal abuse, discrimination, deception, or coercion (Giano, Kavanaugh, et al., 2019; Lauckner et al., 2019).

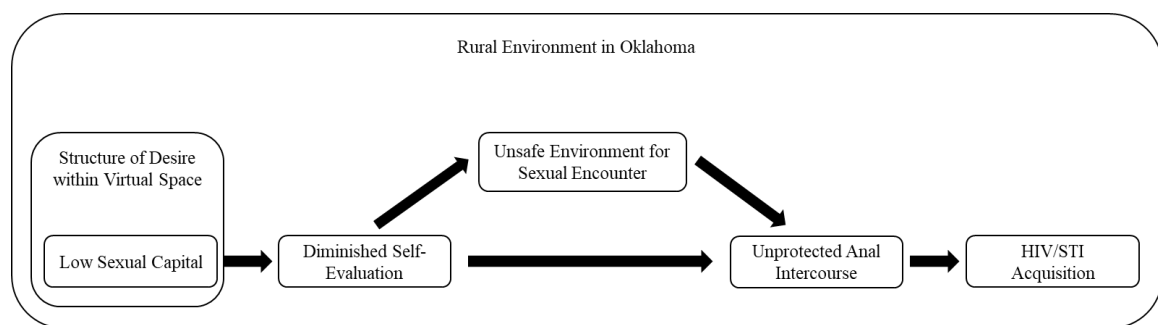
### **Current Study**

The current study seeks to build on the understanding of sexual capital and expands its applications to virtual spaces in rural areas. The structure of desire and subsequent low sexual capital based on various characteristics appear to create negative

self-evaluations and could influence reduced condom usage (Green, 2008a; Lauckner et al., 2019; Pearlin, 1999). Alternatively, this negative self-evaluation, as a result of low sexual status, could lead to meeting a sexual partner in an unsafe environment, after being coerced, for instance, and lead to unprotected anal intercourse (Hubach et al., 2015; Lauckner et al., 2019). In either pathway, engaging in unprotected anal intercourse increases STI and HIV acquisition risk (Koblin et al., 2006). See Figure 1 for a complete conceptual model of the current study.

**Figure 1**

*A Priori Conceptual Model of Current Study*



## CHAPTER III

### METHODOLOGY

This chapter describes the methodology utilized in this study. It includes a discussion of the study design, inclusion criteria, participant recruitment, research design, procedures, and data analysis.

#### **Study Design**

This study used a semi-structured interview guide as the data collection instrument. Semi-structured interviewing was utilized as it provides some flexibility in the conversation flow compared to a structured interview and easily allows the focus on the interview to remain on research topics as opposed to an unstructured interview. Further, a semi-structured interview style was chosen to elicit rich narratives while focusing on research topics. Additionally, semi-structured interviewing allows for easy comparability of transcripts and ideas across participants. Subsequently, the data were analyzed using a modified grounded theory approach. Specifically, this study used an informed, multi-grounded theory approach. This process is couched in a constructivist paradigm of grounded theory that seeks to explain social processes through a social constructionist viewpoint (Charmaz, 2014). It is also considered an informed grounded theory approach (Thornberg, 2012). Previous literature was used to generate an a priori

conceptual model that would not be permitted in a purist grounded theory approach. However, steps were taken to prevent contamination of the data analysis. Specifically, theoretical agnosticism was implemented where the researcher remained skeptical of other existing theories during data analysis. Finally, this approach is multi-grounded (Goldkuhl & Croholm, 2010). It is empirically grounded, as in traditional grounded theory, internally grounded, which ensures the generated theory is coherent, and theoretically grounded, which places the generated theory in the context of existing knowledge and theories. Additionally, all procedures and materials were approved by the Institutional Review Board at Oklahoma State University – Center for Health Sciences (see Appendix A).

### **Participants**

Inclusion criteria for the current study consisted of (1) being 18 years old or older, (2) fluent in English, (3) identifying as a man, (4) reporting being sexually active with a man in the past 12 months, (5) reporting using an MSM tailored social-sexual networking application, such as Grindr, in the past 12 months, and (6) currently reside in rural Oklahoma ( $IRR \geq 0.40$ ).

### **Recruitment**

This study used convenience, direct internet marketing, and snowball sampling. The initial recruitment consisted of emailing individuals on the Sexual Health Research lab's listserv, a link to a screening questionnaire housed in Qualtrics to determine their eligibility to participate in the in-depth interviews. The hyperlink to the screener survey was also diffused through social media platforms (e.g., Facebook, Twitter) that cater to MSM in Oklahoma. Participants were presented with an informed consent statement for



the screening survey (see Appendix B). If an individual qualified for the in-depth interview based on their responses to the screening questionnaire in Qualtrics, they were then contacted via email to schedule a time to complete the interview via Zoom, a videoconferencing service, or phone call. Following the successful completion of an interview, participants were asked to share the screener hyperlink with individuals they know that would qualify, constituting snowball sampling.

### **Research Design**

Semi-structured interviews were utilized to elicit narratives about experiences of MSM using sexual networking apps and the role of sexual capital. Due to the study's qualitative nature, threats to validity include concerns over trustworthiness and credibility and the interviewer's reflexivity. Discussions of both follow below.

#### ***Trustworthiness and Credibility***

Within the medical social sciences, Connelly (2016) defines trustworthiness in qualitative research as “the degree of confidence in data, interpretation, and methods used to ensure the quality of the study” (p. 435). One key aspect of trustworthiness in qualitative research is credibility. Cope (2014) defines credibility as “the truth of the data or the participant views and the interpretation and representation of them by the researcher” (p. 89). This credibility in qualitative research is one of the essential criteria to determine how trustworthiness of a study’s findings. Consistent with recommendations from Connelly (2016) and Cope (2014), the researcher used three methods to ensure the credibility and trustworthiness of the study. First, a reflexive journal was kept as interviews took place to note thoughts and bracket perceptions and subjectivity (see Appendix C). Second, multiple research assistants coded the interview transcripts, and a

consensus was reached using a constant comparison process to enhance reliability.

Finally, the coding methodology was supplemented with strong quotes that are presented to allow readers to determine the study's credibility for themselves.

### ***Reflexivity***

In qualitative research, reflexivity is when "a researcher reflects on how his or her characteristics and presence shape the research process" (Dixon et al., 2016, p. 255). This process is vital in qualitative research as the researcher herself or himself operates as an instrument in the data collection process. Therefore, the researcher's personal identity shapes his or her understanding of the topic and the people being studied. My population of interest is MSM in a socially conservative state. As a gay man that grew up in Arkansas and now resides in Oklahoma, I am familiar with the gay culture in socially conservative areas. LaSala (2008) describes this insider status as a strength as I used my knowledge to know when to ask a follow-up question, use specific language the participant relates to, or understand the meaning of some phrases that other researchers might overlook. However, as LaSala (2008) suggested, I was careful not to impose my views through leading questions. Further, my social identities could potentially have influenced how I coded interview transcripts; therefore, multiple coders and constant comparison were used to establish reliability and account for this potential bias as suggested in the literature (LaSala, 2008).

### **Procedures**

The following section details the data collection procedures for the current study. Accordingly, it includes a discussion of how demographic and interview data were collected and presents the associated measures.

### ***Data Collection***

Data collection took place from August 2020 to January 2021. The demographic data were collected immediately following the screening questionnaire if the participant was deemed eligible for the study using display logic in Qualtrics (see Appendix D). Further, the semi-structured interview was conducted via the researcher's institutional Zoom account, a video conferencing service. This method allowed the researcher to interview MSM from across the state of Oklahoma feasibly. Further, this method protects participants' privacy as it does not require an account, only a meeting I.D. Also, Zoom can still reach MSM that might not have internet access as it has a call-in feature similar to a traditional conference phone call. After potential participants completed the screening survey and being deemed eligible, the researcher emailed participants using the email address they provided. This email included the Zoom meeting I.D. and password, instructions for joining the call via a computer or phone, and the informed consent form for the participant to review before the interview (see Appendix E). Before the interview began, the researcher explained the informed consent document and answered any questions; then, the participant read an informed consent statement to provide consent to continue the interview. The researcher was granted a waiver of signed consent by IRB to protect the privacy of MSM in this socially conservative state since the only way to link an individual to the study is a signed informed consent sheet. Accordingly, verbal consent was obtained and documented. This statement and subsequent interview were audio recorded by the interviewer, with the participant's knowledge and consent. The audio was transcribed verbatim by the researcher using the Temi transcription platform.

Sampling and data collection occurred until the “saturation” was reached (Corbin & Strauss, 2014). Saturation is reached when no significant new codes or themes are emerging from the data collection. No new themes emerged in the thirteenth interview; therefore, saturation was reached. However, subsequent interviews are traditionally performed to confirm saturation (Corbin & Strauss, 2014). However, due to recruitment constraints and the ongoing COVID-19 pandemic, this confirmation was not possible for the current study. Further, a review of the literature studying the sexual behavior via qualitative inquiry yielded samples sizes of 20 or more (e.g., Halkitis & Parsons, 2000; Hubach et al., 2017; Hubach et al., 2012; Ridge, 2004), which aligns with typical sample sizes in general qualitative inquiry (Mason, 2010). The sample size of thirteen in this study is approaching the ones described in these studies. Given saturation and the similarity in sample size to other studies, the current study's sample size was deemed appropriate.

### ***Measures***

**Demographics.** Basic demographic information, including age, race, sexual orientation, gender identity, annual income, state of residency, education level, relationship status, MSM-tailored social-sexual application usage, and outness, among other factors, were assessed in this study. See Appendix D for the complete demographic questionnaire.

**Semi-Structured Interview.** Consistent with previous literature investigating the influence of sexual capital on health outcomes among MSM in urban areas (Green, 2008), semi-structured, in-depth interviews lasting about 40 minutes on average ( $M = 39$  minutes 28 seconds,  $SD = 10$  minutes 36 seconds) were completed. An initial interview

guide was developed by creating questions based on existing literature with input from key stakeholders such as community members and experts. This interview guide will elicit narratives about sexual app usage, what individuals look for in others on these apps, and what possible concessions individuals have made regarding their health as a result (see Appendix F). However, after the sixth interview, the interview guide was revised to elicit narratives more relevant to the current study's research questions. This interview guide included more specific questions, a broad concluding question, and probes for questions (see Appendix G). These probes were only used when necessary to reduce bias.

### **Data Analysis**

The researcher transcribed the interviews verbatim in Temi using the audio recordings and double-checked the transcripts against the recording to ensure accuracy. The transcripts were then uploaded to Dedoose. Then, the researcher used the first seven interviews to create an initial codebook using an inductive approach to identify themes that emerged based on multiple readings of the transcripts. Once this initial codebook was complete, the researcher trained two undergraduate interns in qualitative coding and subsequently collaboratively coded the transcripts to increase reliability. The first step in this coding process included open coding, where tentative labels for quotes are created. Then, axial coding was completed to identify the relationships between the open codes and generate overarching themes. Throughout these processes, the researcher and one of the two interns would code a batch of two transcripts and then meet to discuss coding disagreements and new emergent themes added to the codebook. If a coding or thematic dispute was unable to be resolved through discussion by the researcher and the other coding intern, the second intern was asked to weigh in on the debate. Following open and

axial coding, the researcher performed selective coding, whereby exemplar quotes related to core variables identified through open and axial coding were highlighted. Finally, demographic data were analyzed utilizing SPSS (Version 27).

## CHAPTER IV

### FINDINGS

This chapter describes the findings of the current study. Characteristics about the sample are presented first. Then, theories of emergent sexual fields and currencies of sexual capital are described to answer the current study's first research question: what currencies of sexual capital exist within MSM tailored sexual-networking applications in rural Oklahoma? Next, a theory incorporating sexual fields and capital into the sexual decision-making process is explored to address the current study's second research question: how do those currencies of sexual capital within MSM tailored sexual-networking applications affect sexual decision-making for MSM in rural Oklahoma? This chapter concludes with a discussion of the influence of COVID on these theories. Direct quotes from participants are used to support key points and are presented verbatim to preserve participants' voices. However, filler words (e.g., um, uh) were removed to facilitate ease of reading. Further, pseudonyms are used to protect participants' privacy.

#### **Descriptive Statistics of the Sample**

A total of 13 MSM from rural Oklahoma participated in the current study. Table 1 shows comprehensive descriptive statistics of the sample. Participants ranged in age from 21 to 66 ( $M = 33.00$ ,  $SD = 13.27$ ) and predominantly identified as White (61.5%). Most

of the sample reported an income of less than \$100,000 (77%) and possessed a college degree or a higher educational credential (84.7%). Additionally, while there was variability in self-reported sexual orientation, the sample predominantly identified as gay (84.6%). Further, the sample resided in relatively rural Oklahoma counties with an average Index of Relative Rurality (IRR) score of 0.47 ( $SD = 0.02$ ). Finally, the sample was roughly evenly divided between being single (46.2%) or in some form of an ongoing romantic relationship (53.8%).

**Table 1**

*Sociodemographic Characteristics of the Sample*

	<i>n</i>	%	M	SD
Age			33.00	13.27
IRR			0.47	0.02
Race/Ethnicity				
White	8	61.5		
Biracial or Multiracial	2	15.4		
American Indian or Alaska Native	1	7.7		
Asian or Asian American	1	7.7		
Hispanic or Latino	1	7.7		
Income				
Less than \$34,999	5	38.5		
\$35,000 to \$99,999	5	38.5		
\$100,000 or more	3	23.1		
Education				
Less than a college degree	2	15.4		
College degree	6	46.2		
Post-Graduate or Professional degree	5	38.5		
Sexual Orientation				
Gay	11	84.6		
Bisexual	2	15.4		
Relationship Status				
Single	6	46.2		
Casually dating	1	7.7		
In a serious relationship	3	23.1		
Married	3	23.1		

*Note.*  $n = 13$



## **Emergent Sexual Fields**

Participants discussed motivations for using MSM tailored sexual-networking applications and frequency of use. Characteristics of application use are shown in Table 2. Motivations for application use ranged from hooking up to making friends to finding a long-term partner. Further, these men reported using applications frequently, with all participants indicating they use such an application at least once a week. A majority (61.5%) of participants even stated they use an application more than once a day. Additionally, it is crucial to note the influence of the rural context in influencing these men's application use. These men reported having few other gay men to interact with or physical spaces to facilitate such interaction in their rural communities. For instance, when asked about how living in a rural area of Oklahoma influenced his application use, Gary (66, Gay) replied:

I live in a very non-urban area of Oklahoma and so there was very little. There was absolutely no gay community where I live, so it wasn't like I was going to find other people here. It [using applications] was very helpful. I mean, I met a lot of nice guys, so I found out there were a lot more people in my area than I would have thought of. ... Oklahoma entirely is a very conservative place. So, the fact that I was living in an even a more conservative pocket of Oklahoma meant that few of us are really out and openly gay. I'm out to my family, I'm out to my friends. I am not out in my community.

When asked the same question, Darrell (23, Gay) expressed similar sentiments and even mentioned fear for his physical safety when he said:

I'm certainly much more likely to use an app in a rural area versus an urban area just because I feel like in an urban area I can like join a club and find people who might be progressive or who might be potential sex partners. But if you're in a rural community, I feel like you have to do a bit more digging and also it's like less safe to like be out to people, both like job wise and also just like violence. I don't want to get hate crimed.

In sum, participants mention using MSM tailored sexual-networking applications frequently for various reasons, with rurality making application use more salient for these men.

Participants went on to describe using various sexual networking applications tailored for MSM. The most used applications included Grindr, Tinder, Growlr, and Scruff. Participants cited the popularity of Grindr and Tinder as the main reason for their selection. For example, Harry (32, Gay) described Grindr as "like the crowded gay bar that you would go to and there would be a lot of people at once" when asked why he specifically uses Grindr. Alternatively, participants mentioned the niche populations of Growlr and Scruff as primary motives for their selection. For instance, Ben (21, Gay) stated, "I find Growlr is specifically made for like bears and cubs. That is more my aesthetic" when asked what drew him to Growlr, and Paul (52, Gay) said "certainly bodybuilders and people like that on there, but just more body and hair and things like that" made him more inclined to use Scruff. This discussion about application selection highlighted each application's unique qualities, and each application emerged as a sexual field with a distinct structure of desirability.

**Table 2***Application Use Characteristics of the Sample*

	<i>n</i>	%
Apps Used		
Grindr	12	92.3
Tinder	8	61.5
Growlr	4	30.8
Scruff	4	30.8
Other	3	23.1
Motivations for App Use		
I am primarily looking for a hookup.	11	84.6
I am primarily looking for friends.	10	76.9
I am primarily looking for long-term partner.	5	38.5
App Use Frequency		
More than once a day	8	61.5
Once a day	2	15.4
Once a week	3	23.1
Meeting Men for Hookups from Apps Frequency		
More than once a day	2	15.4
Once a day	2	15.4
Once a week	3	23.1
Once a month	3	23.1
Once a year	2	15.4
Less than once a year	1	7.7
Duration of App Interaction before Meeting Up		
Less than 24 hours	3	23.1
One to two days	2	15.4
Three days to one week	4	30.8
One week to one month	2	15.4
More than a month	2	15.4

*Note.*  $n = 13$ . Participants could choose multiple options for apps used and motivations for app use. Therefore, the totals may add to greater than 13 individuals or 100%.

***Grindr***

Participants described Grindr as having a broad representation of gay sub-communities and other demographics. For instance, Anthony (27, Gay) said that on Grindr, “you see equal parts of each community being represented within the app. You could look at one profile and it would be a twink and then like two profiles over it will be a bear.” Further, participants mentioned a focus on hookup culture on Grindr. For

example, Richard (30, Bisexual) said, “And for Grindr, I mean, ... obviously everybody just knows that's just for a hookup.” Finally, participants also discussed the capacity for discretion that Grindr provides.

### ***Tinder***

Similar to Grindr, participants reported that Tinder had broad representation among profiles. Paul (52, Gay) emphasized this point when he said, “Tinder is all over the board, everything from high school looking people to retirees who are like in their eighties. It’s just kind of all across the board.” However, unlike Grindr, participants described Tinder as a more serious app focused on relationships rather than hookups. For example, when asked about his motivations on Tinder, Richard (32, Gay) replied, “for Tinder it's just to hopefully, maybe find a relationship or form some type of friendship that would eventually lead into a relationship.”

### ***Scruff***

Participant descriptions of Scruff reflect those of Tinder regarding the serious nature of the interactions on Scruff. Harry (32, Gay) highlighted this idea when he said, “Scruff is more open and honest. ... Scruff is better for more serious conversations and actually building friendships or relationships.” However, Scruff differs from previous apps as it caters to a niche subpopulation of MSM. Roy (38, Gay) supports this notion by saying, “Scruff and Growlr tend to be more toward bears or that kind of group. And so, ... it’s less twinkly.”

### ***Growlr***

When considering Growlr, participants viewed the application as solely for hookups as Ben (21, Gay) stated, “So, I would relate Grindr and Growlr to hookups.”

Additionally, Growlr was described as catering to a unique gay sub-community. Paul (52, Gay) reinforces this observation saying, “Growlr is probably even one more step into like the bear community I think, and people who maybe are into certain fetish activities like wearing leather or something like that.” In sum, each of the four frequently used apps acts as a unique sexual field with a distinct structure of desirability based on users’ motivations and demographics.

### **Emergent Currencies of Sexual Capital**

Several currencies of sexual capital across the sexual fields emerged from the interviews (see Table 3). These currencies are broadly categorized as either personal or relational currencies and are further discussed in the sections below.

**Table 3**

#### *Emergent Currencies of Sexual Capital*

Type of Currency of Sexual Capital	Specific Currency of Sexual Capital
Personal	Profile Picture
	Age
	Profile Bio
	Perceived Attractiveness
	Distance
	Novelty of Profile
	Personal Health and Hygiene
Relational	Conversational Ability
	Perceived Connection

### *Personal Currencies of Sexual Capital*

Currencies of sexual capital that referred to an individual characteristic of a person or profile were classified as personal currencies. These currencies included profile pictures, age, profile bio, physical attractiveness, distance, novelty of profile, and personal health and hygiene. An in-depth discussion of each currency follows below.

**Profile Picture.** Participants mentioned simply having a profile picture increases another user's desirability. According to participants, a profile picture allows them to gain a first impression of someone. For Michael (23, Gay), "it's all about that profile picture because it is the first thing that you see and sometimes it is the only thing that you see." Further, most participants indicated the type of profile picture was crucial, with face pictures being preferable over blank profile pictures. Harry (32, Gay) exemplified this idea when he said, "So I think a picture like when there's a photo, cause you get the grids [often these applications present men's square photos arranged in a grid] and if the photo is of an actual person, that's what draws me to it. Not the blanks or the memes. I don't understand or appreciate that. Also, faces not just headless torsos." Additionally, a profile picture communicates more about the person such as their level of discretion, honesty, or maturity that is used to assess interest. For example, Paul (52, Gay) said, "people who have like a beautiful scene or something that, they're being discreet for a reason, and that may not align with where I am in my life." Further, Robert (27, Gay) expressed similar sentiments stating, "it comes across as a bit dishonest to not have a picture or to have a torso pic that I don't really know who I'm talking to and you're not ready to put yourself out there to show me who you are."

**Age.** For most participants, they desired someone close to their own age.

Alternatively, a user that is too young garnered reduced desirability for participants. For example, Gary (66, Gay) said, “I’m not gonna talk to any person who says on their profile that they’re 18 or 19 because that’s just too close to the age of minority for me, and I’m not gonna take that chance.” Finally, participants mentioned how the rural environment influences the strength of age in determining their interest in another individual. For example, when asked about using filters for what profiles are displayed, Alan (23, Gay) stated:

I will use the age one on Grindr sometimes, but not all the time. I find that when I use the filters on Grindr, there’s just not a large enough population of men here that when you start putting all these specifics about what you want on the profiles to show up, like some of these men are like 70 to 100 miles away.

**Profile Bio.** For most participants, creative or catchy phrases in someone’s bio increases sexual capital. For instance, Paul (52, Gay) stated, “I do enjoy funny profiles. So, a lot of times I’ll just read people’s profiles to see what they have written in terms of creativity. ...maybe they have a funny screen name or something that might attract me.” While the content of a profile’s bio can increase sexual capital, it can decrease it as well. Some participants mentioned exclusionary language in a profile as reducing sexual capital. For example, when asked about the language used in profiles, Robert (27, Gay) said, “There’s a lot of stuff that just comes across as douchey masc for masc and no femmes, no blacks and all that type stuff. That tells me more about your character than anything.”

**Perceived Attractiveness.** While there are differing standards of attractiveness across apps, participants reported a combination of traditional attractiveness and the reality of their rural context. Michael (23, Gay) exemplified this concept when asked about his experience on applications:

So, I consider myself to be like somewhat attractive and honestly getting on these apps is kind of exhausting cause I do get a lot of messages and I don't even message people that I know really well in my own life very often. And so whenever I get on the app and there's like 30 messages, there's just no way I'm going to respond to everybody. And so, for somebody like me, for somebody who is conventionally attractive, they get a lot of connections. It could be potentially overwhelming. Alternatively, somebody who is not conventionally attractive might not get very many messages and they might really quickly exhaust the pool of people that are within a reasonable distance of them. And then they just, I guess, wait. And so, it's, it's a completely different experience.

Additionally, physical attractiveness intersected with participants' rural reality to determine sexual desirability and interest in hooking up, which is further discussed in the following section.

**Distance.** Participants indicated that distance is a crucial determinant of sexual desirability. Given the rural context, participants mentioned the limited number of individuals within a reasonable distance of themselves. When asked about the influence of rurality on his application use, Alan (23, Gay) highlighted this idea by answering, "on my Grindr in Oklahoma, if I scroll down to the bottom, the farthest away man is like 30 miles to 45 miles away. Whereas when I lived in Vegas, the last person on my page was



like a thousand feet away.” Further, participants described an individual who is geographically close as more desirable than someone who is farther away. However, as mentioned previously, other factors, such as attractiveness, can influence how strongly distance affects sexual desirability. For instance, Robert (27, Gay) said, “I almost had a sliding scale of how hot the person was to how far I would be willing to drive ... I generally wouldn't drive any more than 30 minutes or to see someone, no matter how hot they were.”

**Novelty of Profile.** Participants mentioned that a profile's novelty increases someone's desirability as it breaks up the monotony of regular profiles they see. The rural context these men live in contributes to this phenomenon. When asked to elaborate on this concept after he first mentioned it, Gary (66, Gay) said:

There are a limited number of profiles, uh, and so you see the same profiles every day, and some of these people I know, and I go, well, you know, so and so is online, but you see these profiles and so you know them, and so when you see a profile that is a new one. My thought process is okay, is somebody visiting? Are they passing through or gosh, has somebody actually moved to this area and is new and are they someone I'm interested in? So, it's just exciting to see a new profile in my area, because there are a limited number of people who participate in Grindr and use Grindr, again where I live.

**Personal Health and Hygiene.** Unlike the previous currencies, this one was only discussed in a negative sense. In other words, participants only described someone becoming less desirable if they failed to care for their health or hygiene by using illicit substances or failing to maintain physical cleanliness, rather than someone becoming

more desirable if they do not use illicit substances or maintain physical cleanliness. For example, Jerry (41, Gay) said:

You know, sometimes the chemistry on the text is so great. For me, the personal hygiene is very important. So, you cannot really see that from the text, even though people, the person may tell you that he has good hygiene, but still my reality and expectation is just not consistent. I don't think it's anybody's fault, but we all know what we like.

### ***Relational Currencies of Sexual Capital***

Currencies of sexual capital that referred to an interaction between two parties were classified as relational currencies. These currencies included conversational ability and personal connection. A detailed discussion of each currency follows below.

**Conversational Ability.** The first emergent relational currency of sexual capital is conversational ability. According to participants, being able to hold a meaningful, substantive conversation and demonstrating genuine interest increases sexual desirability. For example, when asked about positive qualities about interactions on apps, Jerry (41, Gay) mentioned the importance of “how they conduct a conversation. You know, sometimes when you ask questions back and forth, you can tell this person has some type of intellectual ability, and they also want to get to know you.” Alternatively, brief responses, grammatical errors, and overtly sexual content too early in a conversation decrease sexual desirability.

**Perceived Connection.** The second emergent relational currency of sexual capital is perceived connection. Participants reported sensing some connection with a potential sexual partner increased the potential partner's sexual desirability. Accordingly, a

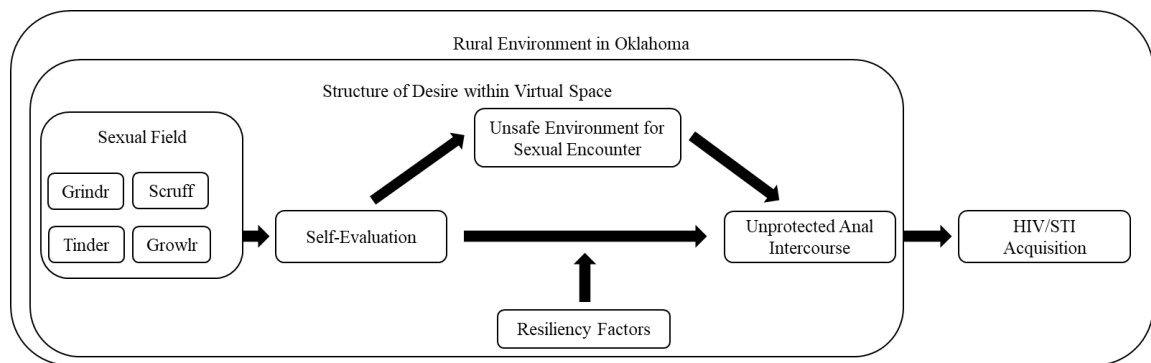
perceived lack of connection reduces sexual desirability. For example, Alan (23, Gay) said, “I want to have that like a bit more emotional connection with them rather than just, Hey, do you want to meet up? Sure. Okay. I'm on my way. Like to me, that's not very appealing.” Some participants also described this personal connection as a feeling or a vibe they get about a person during communication.

### **Sexual Decision-Making and Sexual Capital**

The previously mentioned theory of sexual fields in these virtual spaces for rural MSM influences sexual decision-making. Participants described the process of using apps for hook-ups beginning with selecting which applications to use. Then, one browses profiles to decide who to interact with and continually assesses whether to continue interacting with that person. Next, once interest in a hook-up has been established, men discuss the logistics of where and how to hook up. Finally, once a hook-up is occurring, men negotiate condom use. The sexual fields theory derived earlier can influence each step in this process. Descriptions of the influence at each stage of the process follow. See Figure 2 for a conceptual model of the overall process.

**Figure 2**

#### *A Posteriori Conceptual Model of Current Study*



### *Selecting MSM Tailored Sexual-Networking Applications*

The first step in the sexual decision-making process is to decide which application to use. As mentioned earlier, each application acts as a distinct sexual field with its own tiers of desirability and dominant currencies of sexual capital. Participants were acutely aware of these distinctions between apps as they described selecting applications based on the perceived dominant currencies and motives of users. Further, some participants reported using multiple apps to ensure they were meeting men with shared motivations and increase their own capital in that field. For example, when asked about which applications he uses, Ben (21, Gay) shared:

When I started out, I was using them all for everything, but I found different results on different apps. So, when I went on Tinder, I was finding more that I was like finding people that can really relate to and we might date for a little bit or be in a relationship or like we've become really good friends. But I wasn't finding the same things on the other app. I started to relate them differently. So, I would relate Grindr and Growlr to hookup and Tinder for more friends or longer-term relationships.

Similarly, Paul (52, Gay) mentioned a routine of checking multiple apps, and “it became kind of a routine ... because the apps, you know, attract different people.” Finally, the rural context limits the ability of participants to choose some more niche applications. For example, when asked why he quit using Growlr, Alan (23, Gay) responded: “Mainly just how many people were on the app. So, like for, I live in very rural, southern Oklahoma, so there are not very many people on, you know, like Growlr.” In sum, sexual field

theory influences which applications these men choose based on user motivations, perceived dominant currencies of sexual capital, and rurality.

### ***Interaction with Other Users***

The second step in the sexual decision-making process is interacting with other users. This step was broken into initiating contact with an individual and then sustaining interaction with that person. Sexual capital plays a role in both components and is further discussed below.

**Initial Interaction.** When asked what draws them to certain profiles, participants mentioned face pictures, creative bios, or relating to something written in a bio. Then, they would inspect the content of the profile to ensure the individual is within their preferred age range and possessing their desired physical attributes. Some men even use filters within the applications to aid in this process as it limits who they see based on the characteristics they have selected. However, some men explained that their rural environment makes using these filters impractical. Specifically, when asked why he does not use filters, Gary (66, Gay) reflected, “it goes back to my community. If I limit it by too much then I’m looking at profiles that are far outside my geographic area.” Overall, salient currencies of sexual capital across the different applications draw individuals to certain profiles, while the degree to which these currencies matter varies with rurality.

**Sustaining Interaction.** After initially browsing profiles, men must decide if they want to sustain the interaction with other users. When asked about this process, participants mentioned factors such as the overall connection they get from someone and their ability to carry on a conversation as strong determinants of sustaining interaction with someone. When asked about what would make him more likely to continue talking

with someone, Anthony (27, Gay) said, “if it's organic really, like you're able to continuously talk about like random stuff or just about how that person's day is going or how your day is going. ... rather than someone just being short.” In short, a substantive conversation and personal connection determine if men will sustain interactions with specific users.

### *Negotiating Hook-up Logistics*

The third step in the decision-making process is negotiating the logistics of hooking up. This step was divided into discussing sexual health and safety considerations. It is clear sexual capital influences both elements of this step. Accordingly, a detailed description of each component follows.

**Sexual Health Conversation.** One emergent aspect of negotiating the logistics of a hookup included discussions of sexual health. These conversations were universally had with potential sexual partners for most participants and covered topics such as date of the last test for HIV or STIs, preferred methods of protection, and confirming sexual health details from their profile. Some men highlighted the importance of these sexual health conversations given the rural context. For instance, Alan (23, Gay) said:

I think especially here in like rural Oklahoma there's not a lot of testing, so most men go a bit longer getting tested than I would prefer, but I kind of just have to, in my opinion, I just kind of have to just accept that here and definitely have conversations about sexual health and all that.

For some men who reported not having these conversations, the lack of conversation stemmed from awkwardness because of the physical attractiveness of a potential partner. For instance, when asked what leads him to not have these

conversations, David (26, Bisexual) said, “I always feel awkward ... I respect what they want to do, and I’m down for that as long as it’s okay with me.” Additionally, other men stated they did not have these conversations simply because of their desire to hook up due to finding a desirable partner within a reasonable distance. For example, Gary (66, Gay) described a scenario where “I was on Grindr, he was close and, we had been having some drinks, and I wasn't quite as cautious as I should have been. We had sex without having a discussion about health status.” Alan (23, Gay) had a similar experience where he attributed his STI diagnosis to being “lax with his vetting. I was really wanting to have a threesome with someone.”

**Safety Considerations.** Men noted negotiating the logistics of a hookup included discussing safety considerations. Most of the participants mentioned that they typically have men over to their home to hookup (host). Further, men said they prefer hosting after negative experiences with the unsanitary or unsafe homes of their sexual partners or being catfished in attempts to increase perceived physical attractiveness and subsequent sexual desirability. Accordingly, most participants felt more comfortable hosting as they felt safer in their own homes. Additionally, some men explained they like to meet potential sexual partners in a public location before hooking up. Darrell (23, Gay) justified wanting to meet publicly first to avoid previously bad experiences like when he said, “I invited someone over ... and then they arrived and I wasn't attracted to them in person, which is why now I like, usually I meet people like in a platonic environment before, so I avoid this situation.”

Further, the perceived sexual capital of a potential sexual partner can override safety considerations. Ben (21, Gay) highlighted this idea when he recounted:

I still met up with him even though I kind of had a bad feeling about it cause he was being kind of weird, and he wasn't really messaging that much, but the picture he sent me was really hot. So, I was just like, okay, I guess I'm going to go meet up with him.

In summary, safety considerations are influenced by past experiences of individuals trying to maximize sexual capital, misrepresentations of capital, or the high level of perceived sexual capital.

### *Negotiating Condom Use*

The final step of the sexual decision-making process is negotiating condom use once a hook up is happening. The perceived superior sexual capital of their sexual partner appeared to reduce confidence negotiating condom use. One salient example of this idea is when Anthony (27, Gay) recounted:

several occasions where that's happened, where I've thought like the other guy was like very attractive and then, I would mention something about it [using protection] and then they would like blow it off and then I wouldn't want to lose the chance to hook up with someone like that attractive. So, then I was just like, okay, well I'll just not bring it up again.

Most men described these situations as stemming from low self-worth. For Darrell (23, Gay), his unprotected sexual encounters were because “I didn’t have a lot of self-worth and self-esteem, so I didn’t really think about my health.” Similarly, David (26, Bisexual) said, “It's, it's really depressing. I just wish I had more self-respect for myself, but I don't know, I get horny or whatever, and just do it” when reflecting on these situations.



Men also mentioned a resiliency to overcoming the potential effects of poor sexual capital on reducing confidence regarding condom use negotiation. The most common source of resiliency was the personal value of health. For example, Ben (21, Gay) stated, “I just want to be really safe with my health. So, I want to make sure they’re being safe with their health” when asked to describe a situation where he felt confident negotiating condom use. Another source of resiliency that emerged was high self-worth or self-esteem. For instance, Alan (23, Gay) described a situation that required high self-worth when he said:

If someone says I prefer not to use condoms, I just stop the conversation essentially. I don't try to like advocate or like, Oh, please, can we use condoms, I find you so hot or something like that, I'm just done.

### **Context of Ongoing COVID-19 Pandemic**

Diverse and sometimes conflicting ideas surrounding the ongoing COVID-19 pandemic and these theories emerged. Consequently, the pandemic has created novel currencies of sexual capital for these men related to COVID-19. Some participants mentioned travel history, mask-wearing, and adherence to social distancing guidelines as increasing someone’s sexual capital. For example, Alan (23, Gay) said, “I try to do my best to vet, see like, you know, how much social distancing they’re doing and whatnot.” Further, the pandemic has influenced the sexual decision-making process and led men to not meet new hookups or rely on regular hookups. Alternatively, some participants reported that the pandemic has not affected their sexual decision-making. When asked to expand on how the pandemic has impacted how he uses these applications, Richard (30, Bisexual) answered:

I would say, I've still, been able to conversate and meet up with people. They as well as I act as if the pandemic is not going on. When I meet up with people, I don't wear a mask. I think we should acknowledge that the pandemic is going on, but I do not think we should let it affect how we live our lives and meeting up with people and getting to know people and let it destroy our happiness. God, I think that's what a lot of people are doing and it's creating a lot of issues. So, I think for me, it's a risk you're taking just like everything else. If you have sex you're putting yourself out there and then you have to know that you're acknowledging and accepting that risk and willing to move forward with that.

In conclusion, the COVID-19 pandemic has exerted diverse and unique influences on these emergent theories of sexual capital and sexual decision-making.

## CHAPTER V

### DISCUSSION

The purpose of the current study was to better understand the mechanisms of sexual decision-making predicated on application-based interactions among MSM residing in rural Oklahoma, given the high HIV and STI burden within this community. Accordingly, the study had two primary aims. First, the study aimed to identify currencies of sexual capital in virtual spaces for MSM in rural Oklahoma. Second, the study aimed to determine the influence of these currencies of sexual capital in sexual decision-making among rural Oklahoman MSM. Themes emerged from the interviews that addressed both of these aims. These themes are contextualized as an extension of sexual fields theory, and considerations are mentioned for sexual decision-making. Finally, public health implications and limitations are presented.

#### **Extension of Sexual Fields Theory**

This study's findings provide an extension to Green's (2014) fundamental sexual fields theory by contextualizing the theory in virtual spaces and among rural MSM. Similar to how physical sites, such as bars, emerged as distinct sexual fields with structures of desirability in Green's fieldwork, different MSM tailored sexual networking

applications surfaced as unique sexual fields with structures of desirability for these rural MSM. Further, since men mentioned using Grindr and Tinder simply due to popularity while using Growlr and Scruff for specific types of men, the structure of desirability on Grindr and Tinder might reflect a collective rural erotic habitus. In contrast, the structure of desirability on Growlr and Scruff might reflect a more niche erotic habitus. Overall, these findings suggest each application operates similarly to a traditional gay bar in the context of sexual fields.

Within these sexual fields, salient currencies of sexual capital emerged that reflect what is present in the literature, while others were more novel. Emergent currencies such as type of profile picture, profile bio content, physical attractiveness, the novelty of profile have been noted in the literature (Blackwell et al., 2015; Filice et al., 2019; Fitzpatrick & Birnholtz, 2018; Tran et al., 2020; Whitesell, 2014). Alternatively, age, distance, personal health and hygiene, conversational ability, and perceived connection are emergent currencies that are not discussed at length in the literature. By further exploring these currencies, the public health field could better understand sexual capital in these virtual spaces.

Interestingly, two well-documented currencies of sexual capital, race and masculinity, did not emerge for participants. While one participant mentioned them, respectively, they were not salient factors for everyone. There are several possible reasons these currencies might not have emerged. When considering race, perhaps this lack of importance of race can be attributed to a lack of diversity on the applications that reflects their rural environment, given the users on an application are drawn from your immediate geographical area. Future studies should examine how representative the

applications are related to the demographics in the area. Second, the sample was predominantly White (61.5%). Thus, racialized sexual experiences may not be salient for them. However, future research should explicitly explore this phenomenon to determine what racialized experiences men in rural spaces experience. Third, it is possible that participants felt that it was inappropriate to openly admit to using racial filters or stating racial preferences, possibly introducing social desirability bias into the study.

While these men did not overtly discuss race, they possibly used more covert methods. For example, many men talked about holding a conversation well with minimal grammatical errors as a critical characteristic increasing someone's sexual capital. This desire aligns with the fact that the sample was highly educated (84.7% possessed a college degree or higher education credential). Further, on its face, it appears this statement simply refers to someone's ability to hold a conversation as is explicitly stated. However, if the lens of critical ethnography were applied (Carspecken, 1996), questions could be explored about the worldview and social assumptions that underlie this statement. Armed with this analytical lens, the men may be saying only well-spoken men with impeccable grammar possess associated traits, which are presumed to be high educational attainment, whiteness, and affluence (Curzan & Adams, 2012; Day, 2018) are sexually desirable. Therefore, with critical ethnography, one can explore the possibility these language statements speak to the decreased sexual capital of racial minorities, non-native English speakers, and individuals of low socioeconomic status that do not perform educated whiteness satisfactorily through language skills (Curzan & Adams, 2012; Day, 2018). Utilizing different analytical approaches such as critical

ethnography could yield new insight for future studies regarding race as a currency of sexual capital in rural locales.

With consideration to masculinity, it is possible for these men that masculinity is a de facto expectation due to fear of being outed, physically harmed, or experiencing other adverse outcomes resulting from gender nonconformity in their rural environment (Bell, 2000; De La Cruz, 2017; Hubach et al., 2019; Ward, 2015). Additionally, the men's choice of application could establish this de facto expectation as well. For example, someone interested in masculine men may choose an application like Growlr or Scruff, comprised of men that exhibit traditional masculine traits. Based on this application selection, they might not have felt that masculinity plays into their decision-making process beyond choosing the application. Therefore, masculinity might have been salient when selecting an application rather than other steps of the sexual decision-making process. Future studies should further explore expressions of masculinity in these rural, virtual spaces.

### **Considerations for Sexual Decision-Making among Rural Oklahoman MSM**

The findings regarding sexual decision-making reflect the tenets of sexual fields theory, and an apparent influence of sexual capital is present. First, rural Oklahoman MSM are acutely aware of the dominant currencies of sexual capital on different applications and select applications to align with their own perceived capital to maximize their sexual capital in that field. Further, once using the application, these men are constantly assessing their own capital and that of others to determine which user to contact. This process mirrors the one outlined by Green (2014) in physical bars where

men constantly assess themselves and others to determine which bar patron to approach, lending credence to sexual fields theory in these virtual spaces.

Once men are interacting with other users, the decision to talk about sexual health or safety planning was influenced by their perceived sexual capital and subsequent self-efficacy. There was a similar effect regarding condom use negotiation after meeting up. These findings mirror existing literature regarding the impact of low self-efficacy stemming from poor sexual capital (Giano, Kavanaugh et al., 2019; Green, 2008a; Hubach et al., 2015). Intriguingly, these men discussed resiliency factors such as the importance of health or high self-worth that mitigated the influence of perceived poor sexual capital on condom use and negotiation.

### **Public Health Implications**

Findings from this study provide valuable insight for public health practitioners working to reduce the HIV and STI burden among rural Oklahoman MSM. First, the sexual fields framework could inform intervention strategies. For instance, public health messaging could be tailored for different applications to better resonate with the type of men who populate that application. Additionally, interventions could focus on directing men to spaces where they have increased sexual capital, which could empower them to make better sexual health decisions. Second, while sexual capital does influence decision-making, men can be resilient. Therefore, interventions could adopt a strengths-based approach by fostering high self-worth and the value of one's health to mitigate the potential negative influence of poor sexual capital on sexual decision-making. Finally, public health interventions could benefit from creating a stronger sense of community reported by men on these applications. While men reported the applications fill a gap in

their rural community for connection with other gay men, this capacity is limited with existing apps, and the environment on the applications could be toxic or not promote sexual wellbeing. Therefore, one potentially untapped opportunity is creating a more positive social networking application or website for gay men in rural Oklahoma, so they can gain a sense of community to ameliorate adverse outcomes associated with traditional application use.

One HIV prevention intervention currently endorsed by the CDC that encapsulates these ideas is the Mpowerment intervention (CDC, 2020c; Kegeles et al., 1996). Mpowerment is based on diffusion of innovation theory, where peer-led groups emphasize the importance of safe sex for young adult MSM while also conducting outreach and establishing a publicity campaign. Notably, some of the intervention's guiding principles include community-building and empowerment philosophy. These principles align with the current study's findings as there is a need for community among rural MSM in Oklahoma, and their resiliency can be fostered through empowerment. Therefore, public health practitioners could implement a modified version of the Mpowerment intervention to address this population's specific needs with alternations discussed in the previous paragraph. Further, to successfully implement this intervention, policy-makers should allocate necessary resources to these often underserved rural communities.

### **Limitations**

The current study is not without limitations. First, due to the limited sample size, direct comparisons between applications were not feasible. Future studies with more robust sample sizes could begin to elucidate more nuance about how sexual fields operate



within each application. Second, the current study was conducted during the COVID-19 pandemic. Consequently, men reported hooking up less frequently, using the apps in new ways to form friendships due to social distancing, and interacting with men they might not otherwise as their motivations had shifted (i.e., talking to someone as a friend to connect while isolated, but would not hook up with). Therefore, the findings might not entirely reflect these men's experience in non-pandemic times and should be considered in light of this context. Third, this study did not specifically measure certain characteristics related to participants' sexual capital (e.g., what type of profile picture they use, their body type, etc.). Therefore, it was beyond the scope of this study to explore the impact participant characteristics had on interactions with other men. However, future studies could benefit from a phenomenological approach to understand this nuance and role of how men present themselves online.

## **Conclusion**

This study demonstrated that sexual fields theory is applicable in virtual spaces for rural Oklahoman MSM and influences the sexual decision-making process. With the ongoing HIV and STI burden experienced by this population, it is critical to incorporate the findings from this study in public health practice with this population. Future work should continue to replicate and extend these findings with more robust sample sizes and diverse methodologies such as phenomenology. Doing so would allow public health practitioners to better understand the nuance of sexual field theory in this context and provide another tool for practitioners to use to promote sexual health and well-being for this population.

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## APPENDICES

### APPENDIX A

#### Oklahoma State University – Center for Health Sciences Institutional Review Board Approval Memo



OKLAHOMA STATE UNIVERSITY  
CENTER FOR HEALTH SCIENCES

Institutional Review Board  
FWA #00005037

July 28, 2020

**PRINCIPAL INVESTIGATOR:** Andrew O'Neil, BS, BA

**IRB # 2020037**

**TITLED:** Identifying salient currencies of sexual capital in virtual spaces and determining their effect on sexual decision making and risk-taking among men who have sex with men in rural Oklahoma

OSU-CHS Institutional Review Board (IRB) members reviewed the following items for IRB # 2020037:

- Hubach CV;
- O'Neil CV;
- Facebook Recruitment Post;
- Recruitment Email;
- Eligibility and Demographic Questionnaire;
- Participant Information Form;
- Eligibility and Demographic Questionnaire Participant Information Form;
- Interview Guide and Interview/ Focus Group Questions

The IRB approved the study effective July 28, 2020. As part of this approval, the IRB has determined this research study complies with the 2018 Common Rule. As a result, future continuing reviews are not required. However, an administrative check-in must be completed and submitted to the IRB on July 27, 2021. You will receive an email from the IRB on this date.

***Qualifying Expedited Review Criteria under federal guidelines 45 CFR 46.110(b)***

*Category 7: Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.*

Please note that as Principal Investigator it is your responsibility to ensure this research project is conducted as approved by the Board. It is a condition of this approval that you follow all of the Investigator Obligations (HRP-800). Failure to follow these guidelines could result in automatic termination of your research project.

## APPENDIX B

### Informed Consent Document for Eligibility and Demographic Questionnaire

#### RESEARCH SUBJECT INFORMATION SHEET

**Title:** Gay Sexual Networking App Use and Sexual Health (Eligibility and Demographic Questionnaire)

**Investigator:** Andrew O'Neil, BS, BA and Randolph D. Hubach, PhD, MPH  
1111 W. 17<sup>th</sup> Street  
Tulsa, OK, 74107  
United States

**Daytime Phone Number:** [REDACTED]

**24-hour Phone Number:** [REDACTED]

You are being invited to take part in a research study. A person who takes part in a research study is called a research subject, or research participant. This survey is a prescreening measure to ensure individuals meet research inclusion criteria are identified and willing to participate in 45-60-minute interview. This survey will also collect demographic and contact information from individuals who are eligible to participate.

#### What should I know about this research?

- Someone will explain this research to you.
- This form sums up that explanation.
- Taking part in this research is voluntary. Whether you take part is up to you.
- You can choose not to take part. There will be no penalty or loss of benefits to which you are otherwise entitled.
- You can agree to take part and later change your mind. There will be no penalty or loss of benefits to which you are otherwise entitled.
- If you don't understand, ask questions.
- Ask all the questions you want before you decide.

#### Why is this research being done?

The purpose of this research is determining eligibility for a 45-60 minute interview and collecting demographic and contact information from eligible individuals.

#### How long will I be in this research?

We expect that your taking part in this research will last 5 to 10 minutes.

### **What happens to me if I agree to take part in this research?**

You will be completing an online questionnaire that is estimated to take between 5 and 10 minutes of your time. If you meet eligibility criteria, you will receive an email requesting that you schedule a time with the interviewer to participate in an interview. Some of the questions in this study will ask about your experiences using gay sexual networking apps and sexual health. Your responses to this prescreening measure will be linked to your interview transcript through an anonymous ID number and the records of the study will be kept private.

### **Could being in this research hurt me?**

- You could feel uncomfortable answering the questions.
- There is the possibility of the loss of confidentiality

### **Will being in this research benefit me?**

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits to you include becoming more self-aware of your health behaviors and app use. Possible benefits to others include providing insight for future public health research and programming.

### **What other choices do I have besides taking part in this research?**

This research is not designed to diagnose, treat or prevent any disease. Your alternative is to not take part in the research.

### **What happens to the information collected for this research?**

Your private information will be shared with individuals and organizations that conduct or watch over this research, including:

- The research investigators
- The Institutional Review Board (IRB) that reviewed this research

We may publish the results of this research. However, we will keep your name and other identifying information confidential.

We protect your information from disclosure to others to the extent required by law. We cannot promise complete secrecy.

### **Who can answer my questions about this research?**

If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number listed above on the first page.

This research is being overseen by an Institutional Review Board (“IRB”). An IRB is a group of people who perform independent review of research studies. You may talk to them at 918-561-1400 or [chsirb@okstate.edu](mailto:chsirb@okstate.edu) if:

- You have questions, concerns, or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

### **What happens if I agree to be in this research, but I change my mind later?**

If you decide to leave this research, you may leave the survey at any time without any risks or harm.

### **Will I be paid for taking part in this research?**

You will not be paid for completing this eligibility and demographic questionnaire. However, you will be paid a total of \$20 if you are eligible for the 45-60 minute interview and successfully complete an interview.

**APPENDIX C**

**Reflexive Journal Template**

Reflexive Journal

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM Duration: \_\_\_\_\_

Participant ID: \_\_\_\_\_ Interview Format: Video / Phone

Observations	Reflections

General Comments:

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## APPENDIX D

### Eligibility and Demographic Questionnaire

#### Eligibility and Demographic Questionnaire

1. Are you 18 years old or older?
  - a. Yes
  - b. No
2. Do you consider yourself a man who has sex with men, regardless of sexual orientation?
  - a. Yes
  - b. No
3. Have you had a sexual partner who identifies as a man in the past year?
  - a. Yes
  - b. No
4. Have you used a gay sexual networking app, such as Grindr or Scruff, in the past year?
  - a. Yes
  - b. No
5. Do you reside in Oklahoma?
  - a. Yes
  - b. No
6. Do you reside in either Tulsa, Oklahoma, or Cleveland counties?
  - a. Yes
  - b. No

If no to any question 1-6:

Thank you for your interest in this study. Based on your responses, you are not eligible to participate in this particular project.

If yes to all questions 1-6:

Thank you for your interest in this study. Based on your responses, you are eligible to participate in the interview portion of the study. Please complete the following demographic questions:

1. Please enter an email address we can contact you at to schedule an interview.  
\_\_\_\_\_
2. How would you identify your gender?
  - a. Cisgender Man
  - b. Cisgender Woman
  - c. Transgender Male-to-Female (MTF)
  - d. Transgender Female-to-Male (FTM)
  - e. Gender Queer
  - f. Non-binary/Third Gender
  - g. Prefer to self describe as \_\_\_\_\_
3. How old are you?
4. Please select the response that corresponds with your sexual experiences.
  - a. Exclusively heterosexual

#### Eligibility and Demographic Questionnaire

- b. Predominantly heterosexual, only incidentally homosexual
  - c. Predominantly heterosexual, but more than incidentally homosexual
  - d. Equally heterosexual and homosexual
  - e. Predominantly homosexual, but more than incidentally heterosexual
  - f. Predominantly homosexual, but incidentally heterosexual
  - g. Exclusively homosexual
5. Please select the response that best describes how you identify your sexual orientation.
- a. Straight
  - b. Gay
  - c. Bisexual
  - d. Prefer to describe as \_\_\_\_\_
  - e. Prefer not to respond
6. How would you describe your sexual role preference?
- a. Bottom
  - b. Versatile Bottom
  - c. Versatile
  - d. Versatile Top
  - e. Top
  - f. Prefer not to respond
7. What is the gender of your sexual partners in the past 12 months? (check all that apply)
- a. Cisgender Man
  - b. Cisgender Woman
  - c. Transgender Male- to- Female (MTF)
  - d. Transgender Female-to-Male (FTM)
  - e. Gender Queer
  - f. Non-binary/Third Gender
  - g. They prefer to self describe as \_\_\_\_\_
8. What is the highest level of school you have completed or the highest degree you have received?
- a. Less than high school degree
  - b. High school graduate (high school diploma or equivalent including GED)
  - c. Some college but not a formal degree
  - d. Associate degree from a college (2-year)
  - e. Bachelor's degree from a college (4-year)
  - f. Master's degree
  - g. Doctoral degree
  - h. Professional degree (J.D., MD)
9. Please select the response that corresponds to your race or ethnicity.
- a. White
  - b. Black or African American
  - c. American Indian or Alaska Native
  - d. Asian or Asian American
  - e. Native Hawaiian or Pacific Islander



Eligibility and Demographic Questionnaire

- f. Hispanic or Latino
  - g. Biracial or Multiracial
  - h. Other \_\_\_\_\_
10. Which of the following best describes your current relationship status?
- a. Single (never married)
  - b. Dating (seeing one or more person(s) without commitment to monogamy)
  - c. Involved in a serious relationship
  - d. Married
  - e. Separated
  - f. Divorced
  - g. Other \_\_\_\_\_
11. How would you describe your current sexual relationship status?
- a. In an exclusive/monogamous sexual relationship (that is, we only have sex with each other)
  - b. In a non-exclusive/non-monogamous sexual relationship (that is one, one or both of us has sex with other partners)
  - c. Not in a sexual relationship
12. Do you live in Oklahoma?
- a. Yes
  - b. No
13. Which county in Oklahoma do you reside in?
14. Please indicate the answer that includes your entire household income in 2019 before taxes.
- a. Less than \$34,999
  - b. \$35,000 to \$99,999
  - c. \$100,000 or more
  - d. Prefer not to answer
15. Are you employed at a paid job?
- a. Yes, full time
  - b. Yes, part time
  - c. Yes, full time student and part time employment
  - d. Yes, part time student and full time employment
  - e. No, full time student
  - f. No, full time homemaker
  - g. No, retired
  - h. No, currently unemployed
  - i. Prefer not to respond
16. How would you describe the area where you spent most of your childhood?
- a. Rural (small towns or cities isolated from larger areas or farming communities)
  - b. Suburban (community near a bigger city, often part of a metropolitan region)
  - c. Urban (big city)
  - d. Megalopolis (extra-large city with an especially diverse population - i.e. New York City, Toronto, Los Angeles)

Eligibility and Demographic Questionnaire

17. Which apps do you use to hookup or date? Check all that apply.
- a. Grindr
  - b. Scruff
  - c. Manhunt
  - d. Jack'd
  - e. Tinder
  - f. Hornet
  - g. Happn
  - h. OkCupid
  - i. Recon
  - j. Grizzly
  - k. Fuzz
  - l. Growlr
  - m. Hinge
  - n. Radar
  - o. Other \_\_\_\_\_
  - p. I do not use apps to hookup or date
18. What are you primarily looking for when using online hookup or dating apps? Check all that apply.
- a. I am primarily looking for a long term partner
  - b. I am primarily looking for a hookup
  - c. I am primarily looking for friends
  - d. Other \_\_\_\_\_
19. How often do you use gay-focused dating and social networking apps (e.g., Grindr)?
- a. More than once a day
  - b. Once a day
  - c. Once a week
  - d. Once a month
  - e. Once a year
  - f. Less than once a year
20. How often do you use gay dating and social networking apps (e.g., Grindr) to meet up with men?
- a. More than once a day
  - b. Once a day
  - c. Once a week
  - d. Once a month
  - e. Once a year
  - f. Less than once a year
21. On average, how long do you speak with someone on a social networking or dating app (e.g., Grindr) before meeting up with them in person?
- a. Less than 24 hours
  - b. 24 to 48 hours
  - c. 72 hours to 1 week

Eligibility and Demographic Questionnaire

- d. 1 week to 1 month
- e. More than a month

After answering the last question:

Thank you for your time today. A member of our research team will be emailing you with the subject line, App Use and Health Interview, to set up a time for your interview.

## APPENDIX E

### Informed Consent Document for Interview Portion of the Study

#### RESEARCH SUBJECT INFORMATION SHEET

**Title:** Gay Sexual Networking App Use and Sexual Health (Interview)

**Investigator:** Andrew O'Neil, BS, BA and Randolph D. Hubach, PhD, MPH

1111 W. 17<sup>th</sup> Street

Tulsa, OK, 74107

United States

**Daytime Phone Number:** [REDACTED]

**24-hour Phone Number:** [REDACTED]

You are being invited to take part in a research study. A person who takes part in a research study is called a research subject, or research participant. This interview will take place over the phone or video call, examine topics concerning your gay sexual networking app use and your sexual health, and last approximately 45-60 minutes.

#### What should I know about this research?

- Someone will explain this research to you.
- This form sums up that explanation.
- Taking part in this research is voluntary. Whether you take part is up to you.
- You can choose not to take part. There will be no penalty or loss of benefits to which you are otherwise entitled.
- You can agree to take part and later change your mind. There will be no penalty or loss of benefits to which you are otherwise entitled.
- If you don't understand, ask questions.
- Ask all the questions you want before you decide.

#### Why is this research being done?

The purpose of this research is understand the relationship between gay sexual networking app use and sexual health.

#### How long will I be in this research?

We expect that your taking part in this research will last 45-60 minutes.

OSU CHS IRB  
Approval Effective:  
**July 28, 2020**

### **What happens to me if I agree to take part in this research?**

Participation in the study involves completion of a short demographic data questionnaire (e.g., age, race/ethnicity, education level) and one interview, which will last for approximately 45-60 minutes. The interviews will be conducted via Zoom, which has video and call-in accessibility. The interviews will be digitally audio-recorded by the researcher and later transcribed for the purpose of data analysis. The data of all participants will be entered into data programs for analysis and the results will be written up in a report that may be published, or the results delivered in presentations.

### **Could being in this research hurt me?**

- You could feel uncomfortable answering the questions.
- There is the possibility of the loss of confidentiality

### **Will being in this research benefit me?**

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits to you include becoming more self-aware of your health behaviors and app use. Possible benefits to others include providing insight for future public health research and programming.

### **What other choices do I have besides taking part in this research?**

This research is not designed to diagnose, treat or prevent any disease. Your alternative is to not take part in the research.

### **What happens to the information collected for this research?**

Your private information will be shared with individuals and organizations that conduct or watch over this research, including:

- The research investigators
- The Institutional Review Board (IRB) that reviewed this research

We may publish the results of this research. However, we will keep your name and other identifying information confidential.

We protect your information from disclosure to others to the extent required by law. We cannot promise complete secrecy.

OSU CHS IRB  
Approval Effective:  
**July 28, 2020**

### **Who can answer my questions about this research?**

If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number listed above on the first page.

This research is being overseen by an Institutional Review Board (“IRB”). An IRB is a group of people who perform independent review of research studies. You may talk to them at 918-561-1400 or [chsirb@okstate.edu](mailto:chsirb@okstate.edu) if:

- You have questions, concerns, or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

### **What happens if I agree to be in this research, but I change my mind later?**

If you decide to leave this research, you may discontinue the interview at any time.

### **Will I be paid for taking part in this research?**

For taking part in this research, you may be paid up to a total of \$ 20 in gift cards. Your compensation will be broken down as follows:

- \$20 for participating in the interview.
- You will be compensated after you complete the interview.
- If you drop out, you will still be compensated for your participation.

OSU CHS IRB  
Approval Effective:  
**July 28, 2020**

## **APPENDIX F**

### **Initial Interview Guide**

#### **Sexual Capital in Gay Dating Apps and Sexual Risk Taking INTERVIEW GUIDE**

Version: June 18, 2020

Study ID: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date of interview: \_\_\_\_\_

#### **Introductory statement for all research participants:**

**[After obtaining Informed Consent]**

First of all, I would like to thank you very much for participating in this project.

We're going to talk to you about your sexual networking app usage and sexual experiences. I want to remind you that you are not under any obligation to complete the interview. If any of the questions we talk about make you feel uncomfortable, please let me know. We can go on to the next question, take a break, or end the interview if you want.

If you need a break at any time, just let me know.

Do you have any questions for me before we start?

I. **App Usage**

Estimated time: 20 minutes

**Intro:** For this first portion of the interview I would like to learn more about your usage of gay sexual networking apps and websites.

Question	Construct
<p><b>Men use gay sexual networking apps for various reasons.</b></p> <p><b>1. Tell me about why you use these apps or websites?</b></p> <p><b>2. Are there any other reasons in addition to those that you use these apps or websites?</b></p> <p><b>[prompts: meeting friends, hookups, networking]</b></p> <p><b>3. What gay social sexual networking apps do you currently use?</b></p> <p><b>[prompts: Grindr, Scruff, Manhunt, Adam4Adam, Recon]</b></p> <p><i>If participant fails to mention apps they indicated in their screener survey:</i></p> <p><b>In your initial survey to participate in this interview you indicated you also use [app X or apps X, Y, and Z]. Do you still currently use them?</b></p> <p><i>If No:</i></p> <p><b>Can you tell me why you used them previously and what led you to stop using them?</b></p> <p><b>4. In your opinion, what is appealing about [app X or apps X, Y, Z] over others? What makes it stand out or lead you to chose it over others?</b></p> <p><i>If participant discusses multiple apps:</i></p> <p><b>What leads you to use multiple apps or websites? Do your intentions vary based on which app you are using?</b></p>	<p>Establishing sexual field and structure of desire</p>



<p>5. In your opinion, what kind of people are on [app X or apps X, Y, Z]?</p> <p>[Prompts: physical features, personality, etc?]</p> <p>[Probe: Twink, bear, otter, etc.]</p>	
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## II. Currencies of Sexual Capital

Estimated time: 15 minute

Intro: Now, I would like to talk about how you decide who to meet on these apps or websites.

Question	Construct
<p>Many of these apps provide options to filter the other men you see based on various characteristics.</p> <p>1. Do you use these filters?</p> <p><i>If Yes:</i> What do you filter in or filter out?</p> <p><i>If No:</i> What leads you to not use filters?</p>	Identify currencies of sexual capital
<p>2. When using these apps, what catches your eye or draws you to certain profiles?</p>	Individual Characteristics
<p>3. What qualities of the interaction such as messaging on these apps makes your more or less likely to continue talking with someone?</p>	Relational Characteristics
<p>4. What are you looking for in someone you meet up with? What leads you to want to meet or not?</p>	Individual and Relational Characteristics

III. Impact on Health Outcomes

Estimated time: 20 minutes

Intro: Now, I would like to talk about some of your experiences meeting men on these apps or websites.

Question	Construct
<p>1. When you are going to meet someone from one of these apps, what kind of conversations, prior to meeting or when you actually meet about sexual health?</p> <p>[Prompts: HIV or STI status, testing, PrEP, condoms]</p> <p>2. What usually informs your decision to use a condom?</p> <p>3. Where do you usually hook up?</p> <p>[Prompts: Your place, their place, neutral location]</p> <p>a. What influences this decision?</p> <p>4. Was there ever a time you felt unsafe with someone?</p> <p><i>If Yes:</i> Can you tell me about that experience?</p> <p><i>If No:</i> Has anyone you know ever had an experience like that? If so, can you describe that experience?</p> <p>5. Have you ever regretted a decision to hook up?</p> <p><i>If Yes:</i> Can you tell me about that experience?</p> <p><i>If No:</i> Has there ever been a time you were disappointed with the outcome of a hookup or did not get what you were hoping you would?</p>	<p>Context of Sexual Encounter, UAI risk, unsafe environment, low self-evaluation</p>

<p><b>6. Have you ever regretted not using a condom?</b></p> <p><i>If Yes:</i> Can you tell me about that experience?</p> <p><i>If No:</i> Has anyone you know ever had an experience like that? If so, can you describe that experience?</p> <p><b>7. Has there ever been a time where you didn't feel you advocated enough for yourself because you wanted a hookup to happen?</b></p>	
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**Conclusion:**

Well, that is the end of our interview today. How are you feeling? Do you have any questions for me before we end this session?

Thank you so much for being a part of our study.

## **APPENDIX G**

### **Revised Interview Guide**

#### **Sexual Capital in Gay Dating Apps and Sexual Risk Taking INTERVIEW GUIDE**

Version: September 23, 2020

Study ID: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date of interview: \_\_\_\_\_

#### **Introductory statement for all research participants:**

**[After obtaining Informed Consent]**

First of all, I would like to thank you very much for participating in this project.

We're going to talk to you about your sexual networking app usage and sexual experiences. I want to remind you that you are not under any obligation to complete the interview. If any of the questions we talk about make you feel uncomfortable, please let me know. We can go on to the next question, take a break, or end the interview if you want.

Also, there are no right or wrong answers. We are interested in your experiences, so feel free to expand on your responses as much as you want.

Do you have any questions for me before we start?

I. **App Usage**

Estimated time: 20 minutes

**Intro:** For this first portion of the interview I would like to learn more about your usage of gay sexual networking apps and websites.

Question	Construct
<p><b>Men use gay sexual networking apps for various reasons.</b></p> <ol style="list-style-type: none"> <li>1. Tell me about your motivations for using these apps or websites?</li> <li>2. Are there any other reasons in addition to those that you use these apps or websites?</li> </ol> <p>[prompts: meeting friends, hookups, networking]</p> <ol style="list-style-type: none"> <li>3. What gay social sexual networking apps do you currently use?</li> </ol> <p>[prompts: Grindr, Scruff, Manhunt, Adam4Adam, Recon]</p> <p><i>If participant fails to mention apps they indicated in their screener survey:</i>  <b>In your initial survey to participate in this interview you indicated you also use [app X or apps X, Y, and Z]. Do you still currently use them?</b></p> <p><i>If No:</i>  <b>Can you tell me why you used them previously and what led you to stop using them?</b></p>	<p>Establishing sexual field and structure of desire</p>

<p>4. In your opinion, what is appealing about [app X or apps X, Y, Z] over others? What makes it stand out or lead you to choose it over others?</p> <p><i>If participant discusses multiple apps:</i>  <b>What leads you to use multiple apps or websites? Do your intentions vary based on which app you are using?</b></p> <p>5. In your opinion, what kind of people are on [app X or apps X, Y, Z]?</p> <p>[Prompts: physical features, personality, etc?]  [Probe: Twink, bear, otter, etc.]</p> <p>6. Are there any other apps that you are aware of that you choose not to use? Why?</p> <p>7. How has living in a nonurban area in Oklahoma influenced what apps you choose to use?</p>	
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## II. Currencies of Sexual Capital

Estimated time: 15 minute

Intro: Now, I would like to talk about how you decide who to meet on these apps or websites.

Question	Construct
<p>Many of these apps provide options to filter the other men you see based on various characteristics.</p> <p>1. Do you use these filters?</p> <p><i>If Yes:</i> What do you filter in or filter out?</p> <p><i>If No:</i> What leads you to not use filters?</p>	Identify currencies of sexual capital
<p>2. When using these apps, what catches your eye or draws you to certain profiles?</p> <p>a. After a profile has caught your attention, how do you decide whether or not to message them?</p>	Individual Characteristics
<p>3. When using these apps, is there anything about a profile that is a dealbreaker or no-go.</p>	
<p>4. What qualities of the interaction such as messaging on these apps makes your more or less likely to continue talking with someone?</p> <p>a. Can you think of any time the conversation went differently than you described for a meet up?</p>	Relational Characteristics
<p>5. What are you looking for in someone you meet up with? What leads you to want to meet or not?</p>	Individual and Relational Characteristics



<p>a. Tell me about an experience moving from seeing a profile, messaging, to meeting up.</p> <p>6. Has COVID impacted how you interact on these apps recently?</p>	
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III. **Impact on Health Outcomes**

Estimated time: 20 minutes

**Intro:** Now, I would like to talk about some of your experiences meeting men on these apps or websites.

Question	Construct
<p>1. When you are going to meet someone from one of these apps for a hookup, what kind of conversations do you have about sexual health, either prior to meeting or when you actually meet?</p> <p>[Prompts: HIV or STI status, testing, PrEP, condoms]</p> <p>[Prompts: How do you approach these conversations? Can you think of a time where you didn't have this kind of conversation for any reason? Tell me about that encounter]</p> <p>2. What types of protection do you typically use and what informs your decisions to use them or not?</p> <p>a. What usually informs your decision to use a condom?</p>	<p>Context of Sexual Encounter, UAI risk, unsafe environment, low self-evaluation</p>

<p><b>3. Where do you usually hook up?</b></p> <p><b>[Prompts: Your place, their place, neutral location]</b></p> <p><b>a. What influences this decision?</b></p> <p><b>b. What kind of safety planning do you do?</b></p> <p><b>[Prompts: tell someone about them coming over, telling someone where you will be, choosing to hookup at your place.]</b></p> <p><b>4. Was there ever a time you felt unsafe with someone you met on an app?</b></p> <p><i>If Yes:</i> Can you tell me about that experience?</p> <p><i>If No:</i> In addition to your safety planning measures, what other things have helped you feel safe while meeting men on these apps?</p> <p><b>5. Have you ever regretted a decision to hook up with someone you met on an app?</b></p> <p><i>If Yes:</i> Can you tell me about that experience?</p> <p><i>If No:</i> Has there ever been a time you were disappointed with the outcome of a hookup or did not get what you were</p>	
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<p>hoping you would?</p> <p>6. Has there ever been a time when you didn't use some form of protection that you wish you had?</p> <p><i>If Yes:</i> Can you tell me about that experience?</p> <p><i>If No:</i> Has anyone you know ever had an experience like that? If so, can you describe that experience?</p> <p>7. Tell me about a time where you felt confident advocating for the protection you wanted to use during that encounter.</p> <p>[Prompts: details about the person, location, situation, context, mood, etc.]</p> <p>8. Has there ever been a time where you didn't feel you advocated enough for the protection you wanted to use because you wanted a hookup to happen?</p> <p>[Prompts: details about the person, location, situation, context, mood, etc.]</p> <p>a. What made you want to make that hookup happen?</p> <p>9. I know we have talked a lot about different aspects on using apps, who you meet, and your experiences meeting these men. Before we wrap up, I was wondering what else you think is important that we know about using these app as a rural man that we have not covered?</p>	
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**Conclusion:**

Well, that is the end of our interview today. How are you feeling? Do you have any questions for me before we end this session?

Thank you so much for being a part of our study.

## VITA

Andrew M. O'Neil

Candidate for the Degree of

Master of Public Health

Thesis: THE ROLE OF SEXUAL CAPITAL IN SEXUAL DECISION-MAKING VIA  
VIRTUAL SPACES FOR MEN WHO HAVE SEX WITH MEN IN RURAL  
OKLAHOMA

Major Field: Public Health

Biographical:

Education:

Completed the requirements for the Master of Public Health at Oklahoma State University, Stillwater, Oklahoma in May, 2021.

Completed the requirements for the Bachelor of Science in Public Health at University of Arkansas, Fayetteville, Arkansas in 2019.

Completed the requirements for the Bachelor of Arts in Sociology at University of Arkansas, Fayetteville, Arkansas in 2019.

Experience:

Served as a Graduate Project Coordinator in the Sexual Health Research Lab at Oklahoma State University – Center for Health Sciences, Tulsa, Oklahoma from August 2019 to July 2021.

Served as an Undergraduate Research Assistant in the Sexuality Education and Consent Studies Lab at University of Arkansas, Fayetteville, Arkansas from May 2016 to May 2019.

Professional Memberships:

American Public Health Association